NEEDS AND ASSETS REPORT

2008

FIRST THINGS

La Paz/Mohave

Regional Partnership Council

La Paz/Mohave

Regional Partnership Council

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2008 Needs and Assets Report

Submitted in accordance with ARS 8-1161. Each regional partnership council shall submit a report detailing assets, coordination opportunities and unmet needs to the board biannually. The regional partnership council's needs and assets assessment shall be forwarded to the board for final approval no later than September 1 of each even-numbered year, beginning in 2008. The board shall have discretion to approve or reject a council's assessment in whole or in part or to require revisions. The board shall act on all needs and assets assessments no later than October 1 of each even-numbered year, beginning in 2008.

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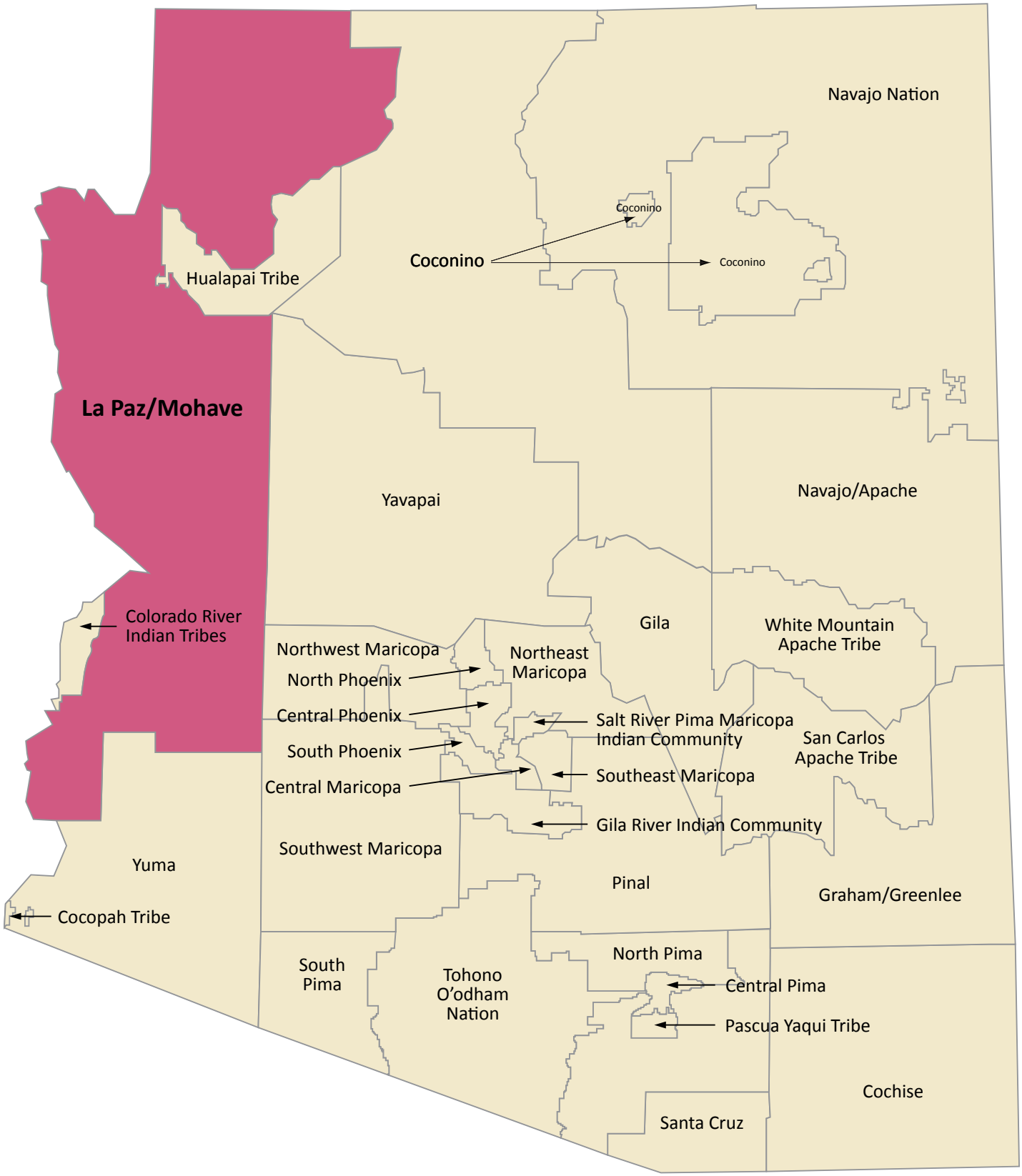
First Things First – A Statewide Overview

The mission of First Things First (FTF) is to increase the quality of, and access to, early childhood programs that will ensure that a child entering school arrives healthy and ready to succeed. The governance model of First Things First includes a State-level Board (12 members in total, of whom nine are appointed by the Governor) and Regional Partnership Councils, each comprised of 11 members appointed by the State Board (Board). The model combines consistent state infrastructure and oversight with strong local community involvement in the planning and delivery of services.

First Things First has responsibility for planning and implementing actions that will result in an improved system of early childhood development and health statewide. The Regional Partnership Councils (Regional Councils), 31 in total, are a voluntary governance body responsible for planning and implementing actions to improve early childhood development and health outcomes within a defined geographic area ("region") of the state. The Board and Regional Partnership Councils will work together with the entire community – all sectors – and the Arizona Tribes to ensure that a comprehensive, high quality, culturally sensitive early childhood development and health system is put in place for children and families to accomplish the following:

- Improve the quality of early childhood development and health programs
- Increase access to quality early childhood development and health programs
- Increase access to preventive health care and health screenings for children through age five
- Offer parent and family support and education concerning early child development and literacy
- Provide professional development and training for early childhood development and health providers
- Increase coordination of early childhood development and health programs and public information about the importance of early childhood development and health.
- Provide public information about the importance of early childhood developmental and health.


Navajo Nation
Coconino
Coconino
Coconino
Hualapai Tribe
La Paz/Mohave
Yavapai
Navajo/Apache
Colorado River
Indian Tribes
Gila
White Mountain
Apache Tribe
Northwest Maricopa
Northeast
Maricopa
North Phoenix
Central Phoenix
South Phoenix
Central Maricopa
Salt River Pima Maricopa
Indian Community
San Carlos
Apache Tribe
Southeast Maricopa
Gila River Indian Community
Southwest Maricopa
Yuma
Pinal
Graham/Greenlee
Cocopah Tribe
North Pima
South
Pima
Tohono
O'odham
Nation
Central Pima
Pascua Yaqui Tribe
Cochise
Santa Cruz

The La Paz/Mohave Regional Partnership Council

The First Things First La Paz/Mohave Regional Partnership Council (Regional Council) works to ensure that all children in the region are afforded an equal chance to reach their fullest potential. The Regional Council is charged with partnering with the community to provide families with opportunities to improve their children's educational and developmental outcomes. By investing in young children, the Regional Council and its partners will help build brighter futures for the region's next generation of leaders, ultimately contributing to economic growth and the region's overall well being.

To achieve this goal, the La Paz/Mohave Regional Partnership Council, with its community partners, will work to create a system that builds and sustains a coordinated network of early childhood programs and services for young children in the region. As a first step, the La Paz/Mohave Regional Needs and Assets report provides a glimpse of indicators that reflect child well being in the state and begins the process of assessing needs and establishing priorities. The report reviews the status of the programs and services serving children and their families and highlights the challenges confronting children, their families, and the community. The report also captures opportunities that exist to improve the health, well-being and school readiness of young children.

In the fall of 2008, the La Paz/Mohave Regional Partnership Council will undertake strategic planning and set a three-year strategic direction that will define the Regional Council's initial focus in achieving positive outcomes for young children and their families. The Regional Council's strategic plan will align with the Statewide Strategic Direction approved by the FTF Board in March 2008.

To effectively plan and make programming decisions, the Regional Council must first be fully informed of the current status of children in the La Paz/Mohave Region. This report serves as a planning tool for the Regional Council as they design their strategic road map to improve the early childhood development and health outcomes for young children. Through the identification of regional needs and assets and the synthesis of community input, this initial report begins to outline possible priority areas for which the Regional Council may focus its efforts and resources.

It is important to note the challenges in writing this report. While numerous sources for data exist in the state and region, the information was often difficult to analyze and not all state data could be analyzed at a regional level. Lack of a coordinated data collection system among the various state agencies and early childhood organizations often produced statistical inaccuracies and duplication of numbers. Additionally, many indicators that could effectively assess children's healthy growth and development are not currently or consistently measured.

Nonetheless, First Things First was successful in many instances in obtaining data from other state agencies, Tribes, and a broad array of community-based organizations. In our effort to develop regional needs and assets reports, we have begun the process of pulling together information that traditionally exists in silos to create a picture of the well being of children and families in various parts of our state.

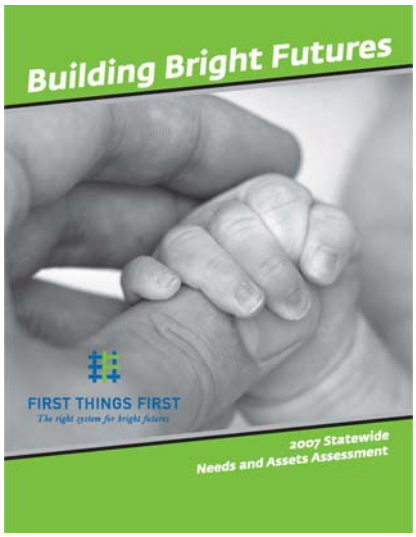
The First Things First model is for the Regional Council to work with the First Things First Board to improve data collection at the regional level so that the Regional Council has reliable and consistent data in order to make good decisions to

advance the services and supports available to young children and their families.

The La Paz/Mohave Regional Partnership Council is intent on building on existing assets in the region – the programs, services, agencies, and community groups that support children and families – to reach communities of people who have historically not been served, who have not been part of the conversation, and who have not been part of the planning. The Council is committed to understanding the region and the people, and will work with them to continue to develop strong and capable communities that will provide children with the ability to lead successful, healthy lives.

Background

In January 2007, First Things First, the Arizona Early Childhood Development and Health Board (AZECDH), released the report *Building Bright Futures* Arizona's first statewide needs and assets assessment of the current state of early childhood in Arizona. The report provided data on the need to improve early childhood education practice and capacity, highlighted existing resources available to support early childhood efforts, and identified opportunities for creating a comprehensive early childhood improvement plan for the state of Arizona.



As part of the First Things First initiative 31 Regional Partnership Councils were also created to represent early childhood interests at the local level and among other responsibilities, conduct a community-level needs and assets assessment every two years. Each 11-member council is comprised of community stakeholders with vested interest in the process of early childhood education and its outcomes (i.e., educators, parents, business leaders, health care providers, etc.).

This report presents findings from the first needs and assets assessment completed in 2008 for the La Paz/Mohave Regional Partnership Council. This assessment will be used to help guide strategic planning and funding decisions at the local level on behalf of the First Things First state initiative mandated by Proposition 203.

Overview of the La Paz/Mohave Region

The La Paz/Mohave Region lies along the western border of the State and includes La Paz and Mohave Counties. La Paz County has two incorporated communities, Parker (the County seat) and Quartzsite, and also includes the Colorado River Indian Tribes (CRIT) and the unincorporated communities of Ehrenberg, Bouse, Wenden and Salome. Mohave County includes three larger communities, Bullhead City, Kingman (the County seat) and Lake Havasu City, as well as the Fort Mohave Tribe, the Hualapai Tribe (located in Peach Springs), and several smaller communities, including Dolan Springs, Golden Valley, Mohave Valley, Colorado City, Littlefield and Chloride, among others.

The region is characterized by vast expanses of unpopulated public lands and contains some of the state's major water resources in the Colorado River, Lake Mead, and Lake Mohave. Water resources are central to two major sectors of La Paz County's

economy, tourism and agriculture. The Parker Strip along the Colorado River is a prime regional destination for recreational water sports. The county's rugged desert landscape also attracts outdoor sports enthusiast for hiking and off-roading. Quartzite draws a large number of tourists to its extensive annual gem and mineral show.

In 2006 the population of La Paz County was 20,256, with a density of four persons per square mile, the lowest in the state. Data from the 2000 census shows that 26 percent of the population are under 14 years of age and 17 percent are 65 years or older. The county's ethnic composition in 2000 was 74 percent White, 12 percent Native American, 1 percent African American, less than 1 percent Asian and/or Pacific Islander, and 12 percent "Other." Almost one-quarter of the population in the region was identified as Hispanic/Latino.

Mohave County, like its southern neighbor, is endowed with abundant recreational resources that sustain a robust outdoor recreation industry. A portion of the Grand Canyon lies within its borders, as do lakes with 1,000 miles of shoreline. Additional large employers include mining and construction, education and health services, trade, transportation and utilities. In addition, the county's good access to major north-south transportation routes has allowed it to benefit from the North American Free Trade Agreement (NAFTA).

Mohave is one of the fastest growing counties in the country, with a population growth of 25 percent from 2000 to 2006. Construction of a new dam over the Hoover Dam in the northern part of the county will enable a faster commute to Las Vegas and is predicted to further spur growth. In 2006, the population of Mohave County was 193,035 with a population density of 11.6 persons per square mile. According to the 2000 U.S. Census, 19 percent of the county's residents are under 14 years of age and 20 percent are 65 years or older. The county's ethnic makeup consists of 90 percent White, 11 percent Hispanic/Latino, 2 percent Native American, 1 percent Asian or Pacific Islander, less than 1 percent African American, and 6 percent "Other". The Fort Mohave Indian Reservation is included in this Regional Partnership Council. The Reservation is spread across three states (Arizona, California, and Nevada) with over two-thirds of the Reservation boundaries located in Mohave County. Data from the 2000 U.S. Census indicates there are 1,043 members living within the AZ boundaries and 87 children under the age of five.

Executive Summary

The La Paz/Mohave region spans Arizona's western border and is comprised of Mohave and La Paz Counties. The region covers more than 17,983 square miles. It includes communities that are diverse in size and demographics and geographically isolated within vast expanses of unpopulated public lands. Travel is a necessity in the region as services are concentrated in larger population centers such as Parker, Bullhead City, Kingman and Lake Havasu. In addition to these larger cities, the region includes smaller towns such as Bouse, Wenden, Salome, Colorado City, Beaver Dam, Dolan Springs, Quartzite, Golden Valley, Mohave Valley, Chloride, Kaibab, and Littlefield among others.

According to U.S. Census data, the population of children birth through age five in the region has undergone tremendous growth since the 2000 census; 46 percent compared to 26 percent for the state as a whole. Rapid growth in the birth to five population indicates communities will be challenged to provide quality early childhood development and health services. According to the 2000 US Census Report, the number of children in the region grew from 8,857 in 2000 to 12,883 in 2006.

Economic indicators from the U.S. Department of Commerce 2005 Bureau of Economic Analysis indicate that poverty is a significant issue in the region. The average wage in La Paz County is the lowest in the state at $24,719 and Mohave County is fourth lowest in the state at $28,406. Likewise, the employment-to-population ratios of 40 percent in Mohave County and 38 percent in La Paz County are substantially lower than the state average of 54 percent. Factors that contribute to low employment and wages in the region are a high proportion of retirees, limited educational attainment and remote locations that make it difficult to attract employers.

Family indicators show significant difference between communities in the region. Birth data from 2006 Arizona Vital Statistics reports show that 90 percent of mothers in Kingman received prenatal care in the first trimester while 60 percent of mothers in Quartzsite entered care in the first trimester. These variations also are shown in the data reported for immunizations and untreated tooth decay. Arizona Department of Health Services data from 2003 show that only 46 percent of two year olds received immunizations in Bullhead City, while 90 percent of two year olds in Parker were up to date on immunizations. Reports also show that 60 percent of six to eight year olds in Colorado City have untreated tooth decay compared to 35 percent in Kingman.

Many families throughout the region do not have access to early childhood development and health services. A large number of children under age five in the region do not receive routine well child checks, even though they are enrolled in the Arizona Health Care Cost Containment System (AHCCCS). This suggests that families experience other barriers to care, such as physician and dentist shortages, and services that either do not exist in the region or are concentrated in larger communities. Other barriers may include lack of transportation and parents' inability to leave work during the time most services are offered. For families in remote areas, the cost in transportation, time away from work and out-of-state service costs present substantial hardships that may result in delaying care or not receiving care when it would be most beneficial.

Families of nearly 1,700 children (11 percent) have placed their children in some type of fee-paying care and education program. This suggests fee-based child care set-

tings may be under-utilized. The regulated early childhood care and education system in the region is estimated to be at 80 percent capacity, possibly because the majority of care for working families takes place in informal or unregulated settings. This may also indicate that many families cannot afford the cost of regulated child care facilities or that their children are cared for by family members (kith and kin care) either by choice or by necessity.

A survey of child care professionals implemented at the "Saddle Up for Child Care Conference" in June 2008 provided information regarding quality and satisfaction with early childhood services. Responses suggested a need for stronger collaboration between medical and mental health providers, a shortage of specialists/therapists to provide early intervention services, and lack of access to services for specialized disorders such as autism and aggression. Those surveyed indicated eligibility for many family support services are not clearly understood resulting in underserved children and families.

Mohave Community College, Northern Arizona University, Arizona Western College and the University of Phoenix are tremendous assets in the region. Between them, they offer five degree programs and two certificates in early childhood education, several of which are available online. Although many providers in the early care workforce are aware that a higher education degree is necessary to achieve and maintain high quality, they report difficulty accessing college coursework. Barriers include the cost of tuition, books and transportation and classes that are offered at inconvenient times and typically concentrated in larger communities.

The region is fortunate to have a public school system that touches every community in the region and schools that frequently serve as hubs for family supports that benefit children birth through age five. Bullhead City, Kingman, Lake Havasu, and Parker also have hospitals, community clinics, and libraries that serve children and families throughout the region. While these resources provide anchors in our larger cities and towns, many of our remote communities have scarce resources and virtually no access to specialized and preventative care. Increased access is needed in the following areas:

- Quality early care and education services
- Quality health care services for young children and families
- Early intervention services such as speech, occupational and physical therapy
- Professional development opportunities for the early childhood workforce
- Family support services such as parenting education and coordination of care

In light of the region's large geographic area, progress in these areas will require continued integration of services, collaboration to develop resources, and communication strategies to reach and inform families in need. The La Paz/Mohave Regional Partnership Council will strive to work together with stakeholders to expand access to quality early childhood development and health services and create a system that better serves young children and families.

Child and Family Indicators

The well being of children and families in a region can be explored by examining indicators or factors that describe early childhood health and development. Needs assessment data on indicators provide policy makers, service providers, and the community with an objective way to understand factors that may influence a child's healthy development and readiness for school and life. The indicators included in this section are similar to indicators highlighted in the statewide needs and assets report. Data in this report examine the following:

- **Early childhood population** – Race, ethnicity, language, and family composition
- **Economic status** – Income, poverty and parents' educational attainment
- **Trends in births** – Prenatal care, low birth-weight and pre-term birth
- **Health insurance** – Coverage and utilization
- **Child safety** – Abuse, neglect and child deaths
- **Educational achievement** – Elementary performance and high school graduation

Regional data is compared with state and national data where possible. While every attempt was made to collect data for each year at each level of reporting (regional through national), there are some items for which no reliable or comparable data currently exist. These indicators are important measures to track as they illustrate the opportunities children may have for access to quality child care, health care, and other opportunities that may support development and school readiness. In addition, indicators such as child abuse, child neglect, and poverty are known risks that impact children's current and later health status and development.

Regional Population

From 2000 to 2006, the population growth of the La Paz/Mohave Region mirrored that of the state at 21 percent. The region's growth is primarily due to the 23 percent increase in population in Mohave County. La Paz County experienced a 10 percent increase during this same period.

Population Growth (all ages)

	2000	2006	% Change
La Paz County	19,262	21,214	10%
Mohave County	153,936	188,684	23%
La Paz/Mohave Region	173,198	209,889	21%
Arizona	5,020,782	6,116,318	22%
U.S.	281,421,906	299,398,484	6%

*U.S. Census 2000 and Population Estimates Program (PEP).

The region has experienced significant growth in the number of children birth through age 5, as the total number of children in this age range grew by 45 percent as compared to 26 percent for the state as a whole. When compared to the growth rate

for the entire population in the region, the number of children birth through age five is becoming significantly greater. If the population growth continues at this rate there will likely be an increased need for a range of supports to serve the families with children in this age range.

Population Growth for Children Ages Birth Through Age Five

	2000	2006	% Change
La Paz/Mohave Region	8857	12883	45%
Arizona	381,833	480,491	26%
U.S.	19,137,974	20,724,125	8%

Sources: U.S. Census 2000 and Population Estimates Program (PEP).

Race, Ethnicity and Language

According to the U.S. Census data from 2006, Arizona's racial make-up included 29 percent Hispanic/Latino, 60 percent White, Non-Hispanic, 4 percent Black/African American, 5 percent American Indian, and 2 percent Asian American/Pacific Islander. The table below shows racial and ethnic make-up by county.

County	African American	American Indian	Asian American	Hispanic/ Latino	White, not Hispanic
Apache	1%	74%	<1%	5%	20%
Cochise	4%	1%	2%	32%	60%
Coconino	1%	29%	1%	12%	56%
Gila	1%	14%	1%	16%	68%
Graham	2%	15%	1%	28%	55%
Greenlee	1%	2%	<1%	45%	51%
La Paz	1%	13%	1%	23%	64%
Maricopa	5%	2%	3%	30%	60%
Mohave	1%	2%	1%	13%	81%
Navajo	1%	46%	<1%	9%	43%
Pima	3%	3%	2%	33%	58%
Pinal	4%	6%	1%	30%	59%
Santa Cruz	1%	1%	1%	81%	18%
Yavapai	1%	2%	1%	12%	84%
Yuma	3%	2%	1%	56%	40%

Source: American Community Survey (2006)

The following table shows births by racial/ethnic group for the two counties within this region. The largest percentage of births in 2006 for the region occurred among White non-Hispanic families (68 percent), followed by births to Hispanic/Latino families (24 percent).

Births by Mother's Race/Ethnic Group (2006)

	White Non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian/Pacific Islander	Unknown
La Paz County	48% (112)	28% (64)	0	21% (48)	1% (3)	1% (2)
Mohave County	70% (1,730)	24% (594)	<1% (12)	3% (76)	1% (32)	1% (24)
La Paz/Mohave Region	68% (1842)	24% (658)	<1% 12	5% 124	1% 35	1% 26
Arizona	42% (43,013)	44% (44,862)	4% (3,864)	6% (6,364)	3% (3,136)	<1% (803)

Source: ADHS Vital Statistics, 2006.

Immigration Status

Children born to immigrant families are themselves likely to be citizens.[1] Citizenship status allows children to qualify for public benefits such as AHCCCS and KidsCare (publicly financed health insurance for low-income children) that are generally not available to non-citizens. Nonetheless, citizenship status does not guarantee that young children are able to access services. The citizenship status of their parents may affect their access to services. National studies suggest that the parents of eligible "citizen children" are unaware of services or afraid of the consequences of participating in public programs because of their legal status and citizenship.

Despite the large number of immigrants in the state, Arizona does not rank in the top ten for naturalizing citizens or providing permanent legal residency to individuals, leading some to speculate that many of the immigrants living in Arizona do not have legal status in the state. As a result, many individuals of foreign origin may not seek the services they need for themselves or their children for fear of having their status questioned, even if they do have legal status to be living in the United States. Consequently, finding data to accurately describe the ethnic and language characteristics of these families is very difficult in the La Paz/Mohave Region, as well as the United States as a whole.

Children of immigrants face challenges that children of native-born parents do not. Educational attainment of immigrant parents is often quite limited. Nationally, 40 percent of children in immigrant families live with a mother or father who has not graduated from high school, compared to 12 percent of children in non-immigrant families. Parents who have completed fewer years of schooling may be less able to help their children learn to read. In addition, children of immigrant families may be

1 Capps, R., Hagan, J. and Rodriguez, N. "Border Residents Manage the U.S. Immigration and Welfare Reforms." In Immigrants, Welfare Reform, and the Poverty of Policy. Westport, CT: Praeger, 2004.

less prepared for kindergarten than citizen children because their parents may lack language proficiency, do not have access to quality preschool for their children or may lack other literacy supports such as access to books or libraries. Data show that nationally, three- and four-year old children in immigrant families are less likely to participate in nursery school or preschool programs than their peers.[2]

Language Characteristics for Children Five Years and Over

Language primacy or fluency are generally not measured until children reach age five. Data from the most recent 2008 Kids Count and American Community Survey estimate that up to 32 percent of Arizona children ages five to 18 speak a language other than English. Many of the children who reside in linguistically isolated families enter school with limited English proficiency. According to the 2000 Census a household is classified as "linguistically isolated" if all household members age 14 years or older speak a language other than English and have limited English proficiency. According to language characteristics in the 2000 census for the population five years and over, at least 89 percent of the children in Mohave County spoke English either "very well" or "well." Data for La Paz County was not available for 2006.

Language Use Among Children Age Five and Older in Mohave County

Mohave County	% Speak only English	% Speak English less than very well
2000	89	3
2006	88	4

Sources: U.S. Census (2000); American Community Survey (2006)

Employment, Income and Poverty

Research has shown that family stability, which can also be measured by steady household employment and poverty, impact the family environment, and in turn affect a child's ability to grow up healthy, happy, and ready to learn.

Joblessness for a family impacts the home and family environment. This is especially true of low income working families that may be a paycheck away from homelessness. Family stress and worry increases as parents try to calculate how to pay for housing, food, health care, and expenses of school. Single parent households may be hit hardest without a second breadwinner to keep income coming into the family.

In Arizona, recent unemployment rates have ranged from a high of 6 percent in 2002 to a low of 3.3 percent in May of 2007. For the most recent 12-month reporting period, unemployment in Arizona has followed a national trend where an economic downturn has led to higher joblessness rates in most states. Data is presented in monthly increments because economic indicators such as joblessness are measured over much smaller periods of time than are more static social indicators (i.e., gender, ethnicity, etc.). In growth-prone areas of Arizona, unemployment rates have been slower to creep up toward the state and national averages.

The La Paz/Mohave Region has a higher rate of joblessness than the state; but is not higher than the nations' at the time these data were collected. Most rural areas do

2 (Children's Action Alliance. "Going Beyond the Immigration Hype: Children and Our Shared Destiny" Fact Sheet, 2006).

experience higher unemployment rates than urban areas during times of slower economic growth. With recreation and tourism as major economic drivers in the La Paz/Mohave region, the community may experience higher joblessness rates as businesses see reductions in tourists visiting the area due to higher gas prices and with less money to spend on recreation.

Average Unemployment Rates

	May 2007	April 2008	May 2008
La Paz County	4.3%	4.5%	5.1%
Mohave County	3.9%	4.8%	5.2%
Arizona	3.6%	3.9%	4.4%
U.S.	4.5%	5.0%	5.5%

Source: Arizona Dept. of Commerce, Research Administration (June, 2008)

Annual Income

Mohave County median income is below the median income for the state. In 2006, the county's median income was $36,097, 23.6 percent below the state average. This means that half of the families in the county are managing on incomes less than $36,000 per year. With spiraling costs of housing, food, and fuel to drive to work, many families have no ability to save for emergencies. These conditions may contribute to the stress and worry that parents and children may experience.

Median[3] Annual Income (per year – pretax)

	2002	2003	2004	2005	2006
Mohave County*	N/A	N/A	N/A	$35,477	$36,097
Arizona	$41,172	$40,762	$41,995	$44,282	$47,265
U.S.	$43,057	$43,564	$44,684	$46,242	$48,451

*Data only available for Mohave County
Source: American Community Survey; Arizona Department of Commerce, Research Administration

The table below provides annual household income for selected communities in the La Paz/Mohave Region as data was not available for all communities in the region.

Median Household Income by Community 2003

Community	2003
Bullhead City	$30,300
Colorado City	$30,600
Kingman	$35,800
Lake Havasu City	$36,900
Parker	$34,300
Quartzsite	$22,800

Source: ADHS Community Health Profile (2003)

3 The median, or mid-point, is used to measure income rather than taking the average, because the high-income households would skew the average income and artificially inflate the estimate. Instead, the median is used to identify income in the middle of the range, where there are an equal number of incomes above and below that point so the entire range can be represented more reliably.

Families in Poverty

In the La Paz/Mohave Region, there are communities where the median annual income is almost at or below federal poverty guidelines. For a family of four, the Federal Poverty level is $24,800 a year (for the 48 contiguous states and D.C.).[4] In 2003, towns such as Quartzite had an annual household income of $22, 800 which would be $2,000 below the Federal Poverty level. Research indicates Mohave County has 4 percent more families living at or below the federal poverty level than the state and nation. Moreover, of those families, 7 percent are single -headed households with children under age 18.

Families Living at or Below the Federal Poverty Level (2006)

	Percent of Households
Mohave County*	14
Arizona	10
US	10

*Data available for Mohave County only. Source: US Census, American Community Survey (2006)

Percent of Families Below 100% Federal Poverty Level (FPL) by County (2006)

County	Percentage of families below 100% federal poverty level
Apache	25%
Cochise	16%
Coconino	11%
Maricopa	9%
Mohave*	14%
Navajo	17%
Pima	10%
Pinal	11%
Yavapai	9%
Yuma	16%

*Data not available for La Paz. Source: American Community Survey (2006)

Families at Federal Poverty Level (FPL) With Children Under Five Years of Age (2000)

La Paz/Mohave Counties	% Families FPL	Number of Families FPL	Of Families FPL, number and % of Families with children under five years	
Bullhead City	11%	1046	399	38%
Colorado City	28%	124	102	23%
Kingman	8%	446	188	3%
Lake Havasu City	7%	838	289	2%
Parker	11%	83	24	3%
Total		2,628	1,002	

Source: U. S. Census Data 2000

4 Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972.

Families living at or below 200 percent of the Federal Poverty Level generally qualify for services such as food stamps or the special supplemental nutrition program for Women, Infants and Children (WIC). The chart below shows the number and percent of people receiving food stamps by county in 2007.

Food Stamp Program, Individuals Participating by County, July 2007

County	Persons Receiving Food Stamps	Percent Receiving Food Stamps
Maricopa	273,034	7%
Pima	93,077	9.7%
Apache	19,480	24%
Coconino	15,230	12.7%
Navajo	26,208	21.7%
Yavapai	12,399	5.6%
La Paz	2,749	12.7%
Mohave	21,497	11%
Yuma	26,994	13.6%
Gila	7,969	15.2%
Pinal	28,934	10.4%
Cochise	14,770	11.6%
Graham	4,838	14.4%
Greenlee	549	7.2%
Santa Cruz	6661	14.4%
Arizona	554,389	8.7%

Source: Arizona Department of Economic Security Statistical Bulletin, July 2008, and July 1, 2007 population estimates, US Census.

Eleven percent of the population in Mohave County and 12.7 percent of the population in La Paz County received food stamps in 2007. These are both higher than the state usage of 8.7 percent. While a large number of individuals in the region participate in the food stamps program, many communities have individuals that are eligible but not enrolled. For example, Kingman is one of 20 communities in the state identified for improvement in food stamp participation.

Top 20 Zip Codes for Potential Improvement in Food Stamps Participation

Zip	Place	County
85040	Phoenix	Maricopa
85009	Phoenix	Maricopa
85719	Tucson	Pima
85281	Tempe	Maricopa
85239	*Maricopa/Mobil	Pinal
85006	Phoenix	Maricopa
85008	Phoenix	Maricopa
85225	Chandler	Maricopa
85017	Phoenix	Maricopa
85705	Tucson	Pima
86001	Flagstaff	Coconino
85364	*Yuma Pg/Martin	Yuma
85713	Tucson	Pima
85706	Tucson	Pima
86401	Kingman	Mohave
85015	Phoenix	Maricopa
85016	Phoenix	Maricopa
85035	Phoenix	Maricopa
85621	*Fairbank/Nogal	Cochise/Santa Cruz
85607	Douglas	Cochise

Source: Arizona Department of Economic Security.

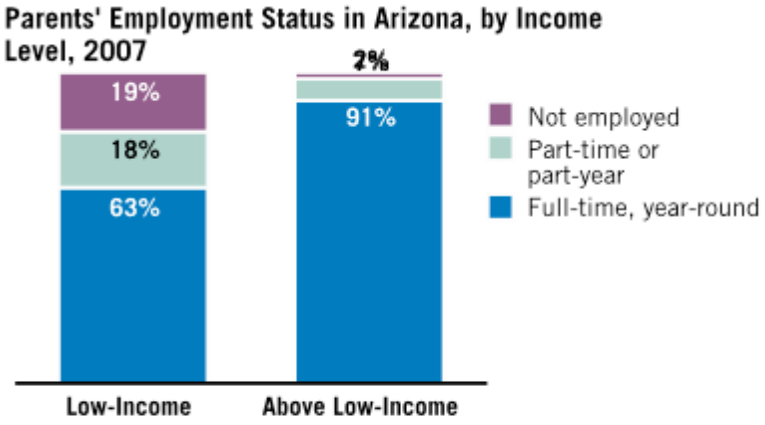
Opportunities also appear to exist for many more infants, children, and women to receive WIC nutritional services. In 2007, 968 infants received WIC services in Mohave County. In 2009, 1,738 infants will be potentially eligible.

WIC Participation by County, 2007

County	Number Enrolled, 2007			Potential Eligible, FY 2009		
	Infants	Children	Women	Infants	Children	Women
Apache	67	167	133	651	2,602	813
Cochise	693	1413	1290	1083	4,333	1,354
Coconino	515	834	719	1217	4,870	1,522
Gila	165	329	313	464	1,855	580
Graham	197	420	353	348	1,393	435
Greenlee	63	99	79	63	251	79
La Paz	NA	NA	NA	186	742	232
Maricopa	19,283	34,493	35,046	39,920	159,679	49,899
Mohave	968	2006	1791	1738	6,954	2,173
Navajo	303	747	596	1279	5115	1599
Pima	4065	6615	5561	8516	34,064	10,645
Pinal	950	1790	1568	2348	9,393	2,935
Santa Cruz	267	503	426	538	2,152	673
Yavapai	739	1255	1324	1,773	7,093	2,216
Yuma	1392	2650	2500	2500	10,002	3,215

Source: Arizona Department of Health Services. Enrolled refers to women, infants and children certified for WIC in 2007. 2007 numbers do not include WIC data from Intertribal Council and Navajo Nation.

Arizona parents who are employed may be struggling to make ends meet. Research suggests that families need an income of about twice the federal poverty level to meet basic needs. Children living in families with incomes below this level—$42,400 for a family of four in 2008—are referred to as low income. According to the National Center for Children in Poverty, 63 percent of children in low income families have at least one parent who is employed full-time, year-round. The following graph shows the employment status of low-income and above low-income families. As the graph shows, only 19 percent of low-income families are unemployed.



Parent Educational Attainment

Both women and men are more likely to have higher incomes if they have a high school diploma. Income increases with additional years of education and advanced degrees. Although wages for women continue to be less than for men, additional education helps to narrow the wage gap. For example, according to 2004 statistics, a woman with less than a ninth grade education could expect to earn less than $18,000 per year, but with a high school diploma that income expectation rose to more than $26,000 per year. With a bachelor's degree in 2004, women were reporting an income of $41,000 per year.[5]

Research has shown consistent, positive effects of parent education on aspects of parenting, knowledge, and behaviors such as parenting approaches, attitudes, and child rearing philosophy. Parents with higher educational attainment can potentially impact child outcomes by providing an enhanced home environment that reinforces cognitive stimulation and increased use of language.[6] Past research has demonstrated an intergenerational effect of parental educational attainment on a child's own educational success and some studies surmise that up to 17 percent of a child's future earnings may be linked (through their own educational achievement) to whether or not their parents or primary caregivers also had successful educational outcomes.

5 US Census Bureau, *Income by education and sex*.

6 Hoff, E., Laursen, B., & Tardiff, T. (2002). Socioeconomic status and parenting. In M.H. Bornstein (Eds.), *Handbook of parenting, Volume II: Ecology & biology of parenting* (pp.161-188). Mahwah, NJ: Lawrence Erlbaum Associates.

Approximately 22 percent of births nationally are to mothers who do not possess a high school diploma. In La Paz and Mohave counties that percent is much higher than the state and national average. According to data reported from 2002 to 2006, almost 35 percent of mothers who gave birth in La Paz County had less than a high school diploma, which is more than 10 percent higher than the state average over the same period of time. For Mohave County the percentage was only slightly smaller than La Paz at approximately 32 percent. The state rate for births to mothers with no high school diploma has remained fixed at 20 percent for the past three years.

Percent of Live Births by Mother's Educational Attainment

		2002	2003	2004	2005	2006
La Paz County	No H.S. Degree H.S. Degree 1-4 years College	36% 40% 18%	32% 40% 18%	35% 34% 17%	41% 31% 13%	30% 36% 14%
Mohave County	No H.S. Degree H.S. Degree 1-4 years College	30% 45% 21%	30% 44% 20%	33% 42% 19%	34% 41% 20%	31% 39% 22%
Arizona	No H.S. Degree H.S. Degree 1-4 years College	20% 29% 32%	21% 29% 32%	20% 29% 32%	20% 29% 33%	20% 30% 33%
U.S.	No H.S. Degree H.S. Degree 1-4 years College	15% N/A 21%	22% N/A 27%	22% N/A 27%	N/A N/A 27%	N/A N/A 27%

Source: Arizona Dept. of Health Services, Vital Statistics, American Community Survey. Numbers do not add to 100% because any education beyond 17 years and unknowns were excluded.

Healthy Births

Early and continuous prenatal care has been shown to support healthy birth outcomes. A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which time a baby develops physically, mentally, and emotionally into a curious and energetic child. Yet in many communities, the percent of pregnant women who begin care in the first trimester and have nine or more prenatal care visits is far below what it could be to ensure this healthy beginning. Some families may lack the information and support needed to enter prenatal care early. Lack of literacy skills, transportation, and lack of insurance coverage are also barriers to seeking and securing prenatal care.[7] In addition, cultural ideas about health care practices may be contradictory and difficult to overcome. Even when health care is available, pregnant women may not understand the need for early and regular prenatal care.[8] For example, in some cultures, doctor visits are reserved for illness and pregnancy is not considered an illness, so pregnant women may not seek care.

Late or no prenatal care is associated with many negative outcomes for mother and child, including:

7 Ashford, J. , LeCroy, C. W., & Lortie, K. (2006). *Human Behavior in the Social Environment.* Belmont, CA: Thompson Brooks/Cole.
8 LeCroy & Milligan Associates (2000). Why Hispanic Women fail to seek Prenatal care. Tucson, AZ.

- Postpartum complications for mothers,
- A 40 percent increase in the risk of neonatal death overall,
- Low birth weight babies, and
- Future health complications for infants and children.

In the La Paz/Mohave Region, approximately 77 percent of mothers receive prenatal care. Some women in this region are reported as receiving no prenatal care, but overall, pregnant women across Arizona often do not receive early prenatal care. According to national statistics 83 percent of pregnant women receive prenatal care in their first trimester, compared to 77 percent in Arizona.[9]

Selected Characteristics of Newborns and Mothers, La Paz/Mohave Region (2006)

Community	Total Births	Teen Mother (</=19yr)	Prenatal Care 1st Trimester	No Prenatal Care	Public $	Low birth weight <2500 grams
La Paz County	229	34 (15%)	157 (69%)	3 (1%)	159 (69%)	14 (6%)
Mohave County	2468	390 (16%)	1921 (78%)	24 (1%)	1450 (59%)	155 (6%)
Arizona	102,042	12,916 (13%)	79,299 (77%)	2,401 (2%)	54,909 (54%)	7,266 (7%)
Region Total	2697	424 (16%)	2078 (77%)	27 (1%)	1609 (60%)	169 (6%)

Source: Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics
*First trimester prenatal care serves as a proxy for births by number of prenatal visits and births by trimester of entry to prenatal care. Low Birth Weight (LBW) serves as a proxy for pre-term births (<37 weeks).
Source: Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics

Selected Characteristics of Newborns and Mothers, La Paz/Mohave Region (2006)

Community	Total Births	Teen Mother (</=19yr)	Prenatal Care 1st Trimester*	No Prenatal Care	Public $	LBW<2500*
Bullhead City	546	110 (20%)	413 (76%)	4 (1%)	411 (75%)	24 (4%)
Colorado City	253	21 (8%)	148 (58%)	0 0	9 (4%)	9 (4%)
Kingman	666	136 (20%)	600 (90%)	13 (2%)	435 (65%)	51 (8%)
Lake Havasu	614	67 (11%)	478 (78%)	1 0	351 (57%)	42 (7%)
Parker	164	23 (14%)	118 (72%)	3 (2%)	105 (64%)	9 (5%)
Quartzsite	15	2 (13%)	9 (60%)	0 0	11 (73%)	1 (7%)

* First trimester prenatal care serves as a proxy for births by number of prenatal visits and births by trimester of entry to prenatal care. Low Birth Weight (LBW) serves as a proxy for pre-term births (<37 weeks).
Source: Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics

9 Child Health USA 2003, U. S. Department of Health and Human Services, Health Research and Services Administration.

Ethnicity is also a determinant of prenatal care obtained in the first trimester. In Arizona, Native American women are least likely to start prenatal care in the first trimester. According to 2005 data, 32 percent of Native American women did not start prenatal care in the first trimester, followed by Hispanic women at 30 percent, Black women at 24 percent and White women at 12 percent.[10] Efforts to increase prenatal care should consider these ethnic differences. There are many barriers to the use of early prenatal care, including: lack of general health care, transportation, poverty, stress and domestic violence.[11]

Low Birth-Weight Babies

Low birth weight (less than 5.5 pounds) and very low birth weight (less than 3 pounds, 4 ounces) are associated with threats to infant health and death. Many factors contribute to low birth weight, including drug use during pregnancy, smoking during pregnancy, poor health and nutrition, and multiple births. According to vital statistics from the Arizona Department of Health Services, about 6 percent of babies born in the La Paz/Mohave Region are born with low or very low birth weight. This is consistant with the state percent of 7.1 percent in 2006.[12]

The Centers for Disease Control reports that low birth-weight births have been rising over the past several years. Arizona does not share this trend and has fewer low birth-weight babies each year. Studies have suggested that Arizona's lower than average incidence of pregnant women who smoke cigarettes accounts for better outcomes regarding birth weight than is seen in other states. In 2004, the national incidence of pregnant women who smoked cigarettes was over 10 percent, while the Arizona rate was only 5.9 percent.

Pre-Term Births

Pre-term births, defined as birth before 37 weeks gestation, account for nearly one-half of all congenital neurological defects such as cerebral palsy, and more than two-thirds of infant deaths.[13] Low birth weight has a direct link to the gestational age at which the child is born. Overall, the rates of premature birth have been rising in the U.S. over the past twenty years, with some studies pointing to advances in neonatal care capabilities, as well as a higher incidence of caesarian sections that are not medically necessary, as contributing to these rates. The rate of pre-term births in the United States has increased 30 percent in the past two decades.[14] One half of all pre-term births have no known cause. One factor to consider is that, since 1996, the caesarean section rate has risen to 30 percent, with the latest studies showing that 92 percent of babies delivered by C-section from 1996 to 2004 were judged after birth to be "late pre-term", meaning they were born after thirty-four to thirty-seven weeks of pregnancy as opposed to the typical thirty-eight to forty-two weeks.[15]

10 Arizona Department of Health Services, Health disparities report, 2005.
11 *http://www.cdc.gov/reproductivehealth/products&pubs/dataoaction/pdf/rhow8.pdf*
12 Arizona Department of Health Services, Public Health Services, Bureau of Public Health Statistics, Advance Vital Statistics by County of Residence, Arizona 2006, Table T-2, page 4.
13 Johnson, R. B., Williams, M. A., Hogue, C.J.R., & Mattison, D. R. Overview: New perpectives on the subborn
14 Mayo Clinic. Premature births, November, 2006.
15 Preliminary births for 2005: Infant and Marternal Health National center for Health Statistics.

Child Mortality

The infant mortality rate can be an important indicator of the health of communities. Infant mortality is higher for children whose mothers began prenatal care late or had none at all, those who did not complete high school, those who were unmarried, those who smoked during pregnancy, and those who were teenagers.[16] Furthermore, children living in poverty are more likely to die in the first year of life. For example, children living in poverty are more likely to die from health conditions such as asthma, cancer, congenital anomalies, and heart disease.[17]

In Arizona as well as the rest of the nation, many factors that lead to a young child's death are related to health status, such as a pre-existing health condition, inadequate prenatal care, or even the lifestyle choices of the parent such as smoking or using alcohol or illegal drugs. The table below provides information on the total number of child deaths in the La Paz/Mohave Region for children under the age of four, followed by the leading causes of death for infants in 2006.

Child Deaths*

	2003	2004	2005	2006
La Paz/Mohave Region	1% (24)	1% (22)	2% (36)	1% (23)
Arizona*	2% (721)	2% (730)	2% (779)	2% (786)
U.S.	1% (32,990)	Not available	1% (33,196)	Not available

*Children defined as 0-14 years Sources: CDC, Arizona Department of Health Services Vital Statistics [18]

Health Insurance Coverage and Utilization

Health insurance significantly improves children's access to health care services and reduces the risk that illness or injury will go untreated or create economic hardships for families. Having a regular provider of health care contributes to continuity of care. Research shows that children with health care insurance:[19]

- Are more likely to have well-child visits and childhood vaccinations than uninsured children,
- Are less likely to receive care in the emergency room,
- Do better in school.

16 Mathews, T. J., MacDorman, M. F., & Menacker, F. Infant mortality statisitics from the 1999 period linked brith/infant death data set. In *National vital statistics report* (Vol. 50), National Center for Health Statistics.

17 Chen, E., Matthews, K. A., & Boyce, W. T. Socioeconomic differences in children's health: How and why do these relationsips change with age? *Psychological Bulletin, 129*, 2002, 29-329; Petridou, E., Kosmidis, H., Haidas, S., Tong, D., Revinthi, K., & Flytzani, V. Survival from childhood leukemia depending on socioeconomic status in Athens. *Oncology, 51*, 1994, 391-395; Vagero, D., & Ostberg, V. Mortality among children and young persons in Sweden in relation to childhood socioeconomic group. *Journal of Epidemiology and Community Healthy, 43*, 1989, 280-284; Weiss, K. B., Gergen, P. J., Wagener, D. K., Breathing better or wheezing worse? The changing epidemiology of asthma morbidity and mortality. *Annual Review of Public Health,* 1993, 491-513.

18 Arizona Department of Health Services Vital Statistics available online at http://www.azdhs.gov/phs/owch/cfr.htm.

19 Johnson, W. & Rimaz, M. Reducing the SCHIP coverage: Saving money or shifting costs. Unpublished paper, 2005. Dubay, L., & Kenney, G. M., Health care access and use among low-income children: Who fares best? *Health Affairs*, 20, 2001, 112-121. Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

When parents can't access health care services for well-child care such as immunizations, there may be delayed diagnosis of health problems, failure to prevent health problems, or the worsening of existing conditions.[20] Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.[21]

From 2001 to 2005, Arizona had a higher percentage of children without health insurance coverage compared to the nation. One reason that Arizona children may be less likely than their national counterparts to be insured is that coverage is not available through their parents' employer. In Arizona, 48 percent of children (ages birth to 18) receive employer-based coverage, compared to 56 percent of children nationally.[22]

Percent of Children (birth through five years) Without Health Insurance Coverage

	2001	2002	2003	2004	2005
Arizona	14%	13%	14%	15%	15%
U.S.	10%	10%	10%	10%	10%

Source: Kids Count

The chart below shows children enrolled in AHCCCS or KidsCare – Arizona's publicly funded, low cost health insurance programs for children in low income families. As the chart shows, 3,422 children (ages birth through five) were enrolled in AHCCCS or KidsCare in the La Paz/Mohave Region in 2007.

Children Under Six Enrolled in KidsCare or AHCCCS Health Coverage (2004-2007)

	AHCCCS				KidsCare				AHCCCS and KidsCare Total Enrollment 2004-2007			
	'04	'05	'06	'07	'04	'05	'06	'07	'04	'05	'06	'07
La Paz County	190	223	244	266	19	21	25	19	209	244	269	285
Mohave County	2,898	3,137	2,934	2,939	140	170	226	198	3,038	3,307	3,160	3,137
Arizona	87,751	102,379	95,776	96,600	6,029	7,397	8,699	9,794	93,780	109,776	104,475	106,394

Source: AHCCCS, Enrollment data is for calendar year, representing children enrolled at any time during the calendar year in AHCCCS or KidsCare. The child is counted under the last program in which the child was enrolled.

While many children do receive public health coverage, many others who likely qualify, do not. In 2002, the Urban Institute's National Survey of America's Families estimated that one-half of uninsured children in the United States are eligible for publicly funded health insurance programs (like AHCCCS or KidsCare in Arizona),

20 Chen, E., Matthews, K. A., & Boyce, W. T. , Socioeconomic differences in children's health: How and why do these relationships change with age? *Psychological Bulletin, 128, 2002*, 295-329.

21 National Education Goals Panel. *Reconsidering children's early developmental and learning: Toward common views and vocabulary.* Washington DC.

22 Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

but are not enrolled.[23] Indeed, the large percent of families who fall below 200 percent of the Federal Poverty Level in the region suggest that many children are likely to qualify for public coverage. National studies suggest that these same children are unlikely to live in families who have access to employer-based coverage.[24]

Health coverage is not the only factor that affects whether or not children receive the care that they need to grow up healthy. Other factors include: the scope and availability of services that are privately or publicly funded; the number of health care providers including primary care providers and specialists; the geographic proximity of needed services; and the linguistic and cultural accessibility of services. For example, 37 percent of 788 AHCCCS providers surveyed in 2005 (representing 98 percent of all AHCCCS providers) had no means of understanding their Spanish-speaking patients unless the patient's family member could translate.[25] Similarly, a 2007 Commonwealth Fund study found low rates of patient satisfaction among Arizonans, who cited lack of cultural competency as one contributing factor."[26]

Access to Medical Care

While a variety of factors ultimately influence access to health care, health coverage does play an important role in ensuring that children get routine access to a doctor or dentist's office. For example, the chart below shows that for children under age five enrolled continuously in AHCCCS in La Paz/Mohave counties, 74 percent and 76 percent respectively, received at least one annual visit to a primary care practitioner (such as a family practice physician, a general pediatrician, a physician's assistant, or a nurse practitioner) throughout the year in 2007. These numbers suggest that other barriers to care exist that prevent significant numbers of children from receiving well child care even though they have coverage. These barriers may include parents' inability to leave work to take children to routine well child care, physician shortages in rural communities, doctors offices that are not open during evening or weekend hours or lack of transportation.

Percent of Children (age 12 months – five years) Continuously Enrolled in AHCCCS Receiving One or More Visits to a Primary Care Practitioner

	La Paz County*	Mohave County*	Arizona
2005	59%	77%	78%
2006	69%	78%	78%
2007	74%	76%	78%

*Data only available at the county level. Source: AHCCCS. Note: Continuously enrolled refers to children enrolled with an AHCCCS health plan (acute or ALTCS) 11 months or more during the federal fiscal years 2005, 2006, 2007

23 Genevieve Kenney, et al, "Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve," Urban Institute, July 31, 2003.

24 Long, Sharon K and John A. Graves. "What Happens When Public Coverage is No Longer Available?" Kaiser Commission on Medicaid and the Uninsured, January 2006.

25 2006 Survey of Arizona Health Care Cost Containment System Providers available online at *http://www.ahcccs.state.az.us/studies/ahcccssurveyfinal_101606.pdf*.

26 Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.

Oral Health Access and Utilization

Good oral health begins during the prenatal period with the good oral health of the mother. Following birth, parents support their baby's good oral health by keeping gums clean as baby teeth emerge and scheduling a first oral health visit by age one. Healthy eating, tooth brushing, and oral health checks work together to prevent dental disease and tooth decay that not only affect the health of children into adulthood but can also ease the pain and discomfort that interferes with learning. Although regional data on oral health care for young children was not available for this report, regional data indicates that many children in La Paz and Mohave are not receiving adequate preventive health care during early childhood.

Access to dental care is also limited for young children in both the state and the region. As the chart below shows, in 2003, oral health varied among cities in the La Paz/Mohave Region. For example, a widespread problem with untreated tooth decay among six to eight year olds ranged from 35 percent in Kingman to almost 60 percent in Colorado City. These data indicate that many children are not receiving preventive oral health care during early childhood. According the Academy of Pediatric Dentistry, every child should have a first oral health visit by age one and good preventive oral health care throughout early childhood.

Oral Health–La Paz/Mohave Region–Children 6-8 Years Old

Communities (2003)	Untreated Tooth Decay	Tooth Decay Experience	Urgent Treatment Needs	Sealants Present
Bullhead City	48%	58%	8%	9%
Colorado City	56%	81%	11%	16%
Kingman	35%	49%	1%	19%
Lake Havasu	39%	52%	18%	13%
Parker	NA	NA	NA	NA
Quartzsite	49%	66%	7%	50%
Arizona	40%	62%	9%	28%

Source: Arizona Department of Health Services, Community Health Profile 2003.

Access to oral health care is even more challenging for families with special needs children. According to a statewide Health Provider Survey report released in 2007, a large majority (78 percent) of Arizona dental providers surveyed in 2006 (N =729) or 98 percent of all AHCCCS providers said they did not provide dental services to special needs children because they did not have adequate training (40 percent), did not feel it was compatible with the environment of their practices (38 percent), or did not receive enough reimbursement to treat these patients (19 percent). The Provider survey report recommended more training for providers to work with Special Needs Plans (SNP), collaborating with ADA and ADHS to increase the number of providers who accept young children.

Child Safety

All children deserve to grow up in a safe environment. Unfortunately, not all children are born into a home where they are well-nurtured and free from parental harm. Additionally, some children are exposed to conditions that can lead to preventable

injury or death, such as excessive drug/alcohol use by a family member, accessible firearms, or unfenced pools.

Child Abuse and Neglect

In any given year, more than 3 million child abuse and neglect reports are made across the United States, but most child welfare experts believe the actual incidence of child abuse and neglect is almost three times greater, making the number closer to 10 million incidents each year.

In 2006, 3.6 million referrals were made to Child Protective Service agencies (CPS), involving more than 6 million children. Sixty percent of these referrals were determined to be "unsubstantiated" according to CPS criteria, and only 25 percent of cases resulted in a substantiated finding of neglect or abuse. However, research continues to show that the line between a substantiated or unsubstantiated case of abuse or neglect is too often determined by a lack of resources to investigate all cases thoroughly, lack of training for CPS staff, where employee turnover rates remain high, and a strained foster care system that is already beyond its capacity and would be completely overwhelmed by an increase in child removals from families.

The youngest children suffer from the highest rates of neglect and abuse:

- Birth to 1 year 24 incidents for every 1,000 children
- 1-3 years 14 incidents for every 1,000 children
- 4-7 years 14 incidents for every 1,000 children
- 8-11 years 11 incidents for every 1,000 children

Almost three quarters (72 percent) of all child victims in 2006 from birth to age 3 were neglected.

According to overall child well-being indicators, in 2005 Arizona ranked 36th out of the 50 states, with child abuse and neglect a leading reason for the state's poor ranking. In the following year, Arizona's Child Fatality Review Board issued its annual report for 2005, which showed that 50 Arizona children died from abuse or neglect. Contributing factors in these deaths included caretaker drug/alcohol use (31 percent), lack of parenting skills (31 percent), lack of supervision (27 percent), a history of maltreatment (20 percent) and domestic violence (15 percent). Only 11 percent of the children who died had previous Child Protective Services involvement.

In 2004, Arizona governor Janet Napolitano commissioned the Prevention System Subcommittee's *"Action Plan for Reform of Arizona's Child Protection System."* As part of the Action Plan it was recommended that pregnant women receive better access to comprehensive prenatal care by fast-tracking health insurance processes for prenatal care, helping teenage mothers, and providing home visitation services using the existing Healthy Families model. For children up to age four, the subcommittee recommended more parent education and support especially for teenage parents and for parents of children with special needs. The committee also recommended that these parents take advantage of early childhood education opportunities through Early Head Start and Head Start and access to quality child care.

Child abuse and neglect can result in both short-term and long-term negative outcomes. A wide variety of difficulties have been documented for victims of abuse and

neglect, including adverse mental health conditions such as depression, aggression, and stress. Child abuse and neglect is associated with lower grades, lower test scores, learning difficulties, language deficits, school dropout, and impaired verbal and motor skills. Furthermore, child abuse and neglect have a direct relationship to physical health status such as poor health, injuries, failure to thrive, and somatic complaints.[27]

The following data give a statistical picture of abuse and neglect in Arizona and the significant number of children that are placed at greater risk for the range of negative outcomes that are linked to these experiences. The data provided in this report includes state and county level data for children under age 18.

It is important to note that the child abuse report is not an indicator of risk and is not tied to the removal of a child. There are many reports with specific allegations that may not be proven but sufficient concern of potential harm is identified to warrant services and supports to keep the child safely at home. If it is determined that the child may not be safe at home, then an alternative placement is provided for the child. The number of reports that are considered substantiated are a subset of the total number of reports that were received, investigated, and closed during the reporting period.

The charts below provide a history of child abuse reports received and the outcome for La Paz and Mohave counties.

Child Abuse Reports, Substantiations, Removals, and Placements For La Paz County*

	Oct 2003 through Mar 2004	Apr 2004 through Sep 2004	Oct 2004 through Mar 2005	Apr 2005 through Sep 2005	Oct 2005 through Mar 2006	Apr 2006 through Sep 2006	Oct 2006 through Mar 2007	Apr 2007 through Sep 2007
Number of reports received	56	84	57	68	60	60	55	62
Number of reports Substantiated	NA	NA	NA	NA	4	3	4	3
Substantiation rate	NA	NA	NA	NA	7%	5%	7%	5%
Number of new removals	5	12	6	10	7	0	4	13

*All data taken from Arizona Department of Economic Security Child Welfare Reports. Discrete data for "number of reports substantiated" not available prior to Oct. 2005-Mar. 2006. Child Welfare Reports do not provide county-level data for number of child in out-of-home care on the last day of reporting period. Data for number of reports received drawn from Child Welfare Report tables labeled "Number of Reports Responded to by Type of Maltreatment and County."

27 References for this section: Augoustios, M. Developmental effects of child abuse: A number of recent findings. *Child Abuse and Neglect, 11,* 15-27; Eckenrode, J., Laird, M., & Doris, J. *Maltreatment and social adjustment of school children.* Washington DC, U. S. Department of Health and Human Services; English, D. J. The extent and consequences of child maltreatment. *The Future of Children, Protecting Children from abuse and neglect, 8*, 39-53.; Lindsey, D. *The welfare of children*, New York, Oxford University Press, 2004; National Research Council, *Understanding child abuse and neglect.* Washington DC: National Academy Press; Osofsky, J. D. The impact of violence on children. *The Future of children, 9*, 33-49.

Child Abuse Reports, Substantiations, Removals, and Placements for Mohave County*

	Oct 2003 through Mar 2004	Apr 2004 through Sep 2004	Oct 2004 through Mar 2005	Apr 2005 through Sep 2005	Oct 2005 through Mar 2006	Apr 2006 through Sep 2006	Oct 2006 through Mar 2007	Apr 2007 through Sep 2007
Number of reports received	831	734	672	744	653	635	576	652
Number of reports Substantiated	NA	NA	NA	NA	19	45	46	40
Substantiation rate	NA	NA	NA	NA	3%	7%	8%	6%
Number of new removals	73	106	79	106	72	78	90	119

*All data taken from Arizona Department of Economic Security Child Welfare Reports. Discrete data for "number of reports substantiated" not available prior to Oct. 2005-Mar. 2006. Child Welfare Reports do not provide county-level data for number of child in out-of-home care on the last day of reporting period. Data for number of reports received drawn from Child Welfare Report tables labeled "Number of Reports Responded to by Type of Maltreatment and County."

The table below provides a breakdown of reports received by each county in Arizona. Less than 5 percent were made in La Paz and Mohave counties. Of those reports made in the region, 452 were reports of neglect, followed by 214 reports of physical abuse, 42 reports of sexual abuse, and six reports of emotional abuse.

Number of Reports Received by Type of Maltreatment and County, April 1, 2007 - September 30, 2007

County	Emotional Abuse	Neglect	Physical Abuse	Sexual Abuse	Total	% of Total
Apache	1	47	33	6	87	0.5%
Cochise	6	312	154	22	494	2.7%
Coconino	3	248	124	27	402	2.2%
Gila	2	148	59	14	223	1.2%
Graham	1	61	36	12	110	0.6%
Greenlee	0	16	8	2	26	0.1%
La Paz	2	35	17	8	62	0.3%
Maricopa	117	6,098	3,424	645	10,284	57.0%
Mohave	4	417	197	34	652	3.6%
Navajo	3	234	101	9	347	1.9%
Pima	50	1,924	1,045	181	3,200	17.7%
Pinal	14	648	315	80	1,057	5.9%
Santa Cruz	2	63	38	5	108	0.6%
Yavapai	4	381	181	35	601	3.3%
Yuma	3	290	104	28	425	2.4%
Statewide	212	10,922	5,836	1,108	18,078	100.0%
%Of Total	1.2%	60.4%	32.3%	6.1%	100.0%	

*All data taken from Arizona Department of Economic Security Child Welfare Reports, April 1, 2007 – September 30, 2007.

Foster Care Placements

The number of children in the United States placed in foster care has steadily increased since 2002. The majority of children ages birth through five years who are placed in foster care are either Black (26 percent) or Hispanic (19 percent). In Arizona, the number of children placed in foster care fell 3 percent from 2005 to 2006.

Foster care placement is provided for children who cannot safely remain in their own homes. The extent to which foster care is used depends upon the availability of relatives to assume care of children at risk as well as the foster care homes and shelters available in each community. In the La Paz/Mohave Region there were 149 child placements in 2004 and that number increased to 177 in 2005 (See chart below). The race/ethnicity of children in out-of-home care in Arizona is White (42 percent); Hispanic (35 percent); and African American (13 percent).

Child Placements in Foster Care

	2004	2005
La Paz	10*	14*
Mohave	139*	163*
Arizona	7,173**	7,546**

Based on total number of children removed from the home ages 0-5 years
*All children in out-of-home care (such as foster care)
**Includes all children under the age of 18 years
Sources: Kids Count (data provided by Children's Action Alliance); The AFCARS Report; Children's Bureau, Arizona Department of Economic Security

Efforts to reform the foster care system have included new methods for keeping children safe in their own homes, provision of kinship care, and family foster care.[28] The Department of Economic Security is working to embed the Casey Foundation's Family to Family initiative into Arizona's child welfare practice. This is a nationwide child welfare initiative, and one of the core strategies in the recruitment, development and support of families that focuses on finding and maintaining kinship and foster families who can support children and families in their own neighborhoods.

Children's Educational Attainment

School Readiness

Early childhood programs can promote successful school readiness especially for children in low-income families. Research studies on early intervention programs for low-income children have found that participation in educational programs prior to kindergarten is related to improved school performance in the early years.[29] Furthermore, research indicates that when children are involved in early childhood programs over a long period of time, with additional intervention in the early school years, better outcomes can emerge.[30] Long-term studies have documented early childhood programs with positive impact

28 Family to Family Tools for Rebuilding Foster Care, A Project of the Annie E. Casey Foundation July 2001.
29 Lee, V. E., Brooks-Gunn, J., Shnur, E., & Liaw, F. R. Are Head Start effects sustained? A longitudinal follow-up comparison of disadvantaged children attending Head Start, no preschool, and other preschool programs. *Child Development, 61*, 1990, 495-507l; National Research Council and Institute Medicine, *From neurons to neighborhoods: The science of early childhood development;* Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. *Developmental Psychology, 30*, 1994, 787-804.
30 Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. *Developmental Psychology, 30*, 1994, 787-804.

evident in the adolescent and adult years.[31] Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.[32]

Generally, child development experts agree that school readiness encompasses more than acquiring a set of simple skills such as counting to ten by memory or identifying the letters of the alphabet. Preparedness for school includes problem-solving, self confidence, positive peer relationships, and willingness to persist at a task.

While experts identify such skills as being essential to school readiness, quantifying and measuring these aspects of school readiness is challenging. Currently, no single instrument exists that sufficiently measures readiness for school entry. Although Arizona has a set of Early Learning Standards (an agreed upon set of concepts and skills that children can and should be ready to do at the start of kindergarten), current assessment of those learning standards have not been validated nor have the standards been applied consistently throughout the state.

One component of children's readiness for school consists of their language and literacy development. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of children's knowledge related to language and literacy. An assessment that is used frequently across Arizona schools is the Dynamic Indicators of Basic Early Literacy Skills (DIBELS). The DIBELS is used to identify children's reading skills upon entry to school and to measure their reading progress throughout the year. The DIBELS often tests only a small set of skills around letter knowledge without assessing other areas of children's language and literacy development such as vocabulary or print awareness.

The results of the DIBELS assessment should not be used to assess children's full range of skills and understanding in the area of language and literacy. Instead, it provides a snapshot of children's learning as they enter and exit kindergarten. Since all schools do not administer the assessment in the same manner, comparisons across communities cannot be made. In the specific area of language and literacy development assessed, the data in the following chart indicate that only a small percentage of children entering kindergarten were meeting the benchmark standard, an empirically established goal that changes across time to ensure students skills are developing in a manner predictive of continued progress,[33] but at the end of the year significant progress was made.

31 Campbell, F. A., Pungello, E. P., Miller-Johnson, S., Burchinal, M., & Ramey, C. T. The development of cognitive and academic abilities: Growth curves from an early childhood educational experiment. *Developmental Psychology, 37, 2001,* 231-242

32 Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., et al *The children of the cost, quality, and outcomes study go to school: Technial report,* 2000, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

33 Good, R.H., Simmons, D.S., Kame'enui, E.J., Kaminski, R.A., & Wallin, J. (2002). Summary of decision rules for intensive, strategic, and benchmark instructional recommendations in kindergarten through third grade (Technical Report No. 11). Eugene, OR

Basic Early Literacy as Measured by DIBELS

SFY 2006-2007 Kindergarten DIBELS						
	Beginning of the Year			End of the Year		
	% Intensive	% Strategic	% Benchmark	% Intensive	% Strategic	% Benchmark
Bullhead City Elementary	47	37	17	12	17	72
Lake Havasu Unified	30	37	33	9	25	66
Littlefield Unified School	30	46	24	9	9	83
Mohave Valley Elementary	39	45	16	31	22	46
Parker Unified	31	34	34	13	19	69
Quartzsite Elementary	47	44	9	25	22	53
Wenden Elementary	0	47	64	0	10	57

*From the DIBELS assessments available, there were seven school districts reporting from La Paz and Mohave

Elementary Education

Children who cannot read well by fourth grade are more likely to miss school, experience behavior problems, and perform poorly on standardized tests. The performance of Arizona's children on standardized tests continually lags behind that of the nation. Only 56 percent of Arizona's 4th graders scored "at basic" or better on the 2007 National Assessment of Educational Progress (NAEP) Reading Assessment, compared with a national average rate of 67 percent. The percentage of Arizona 4th graders achieving "at basic" or better on the National Assessment of Educational Progress (NAEP) Math Assessment increased dramatically from 57 percent in 2000 to 74 percent in 2007, but Arizona's 4th graders still score 8 percent below the national rate of 82 percent. The NAEP is a standardized means for measuring educational progress in the core subject areas beginning in the 4th grade. It is one of the earliest comprehensive assessments used with students all over the United States. It can provide helpful insights into how well students are progressing through the core subject areas and where groups of students (gender, ethnicity, income, geographic regions) may be systematically experiencing delays in their progress. The NAEP is administered to a sample of fourth grade students and data at the regional level was not available to include at the time of printing this report.

Data is available for the La Paz/Mohave Region on the Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA). The AIMS DPA is used to test Arizona students in Grades 3 through 8. This assessment measures the student's level of proficiency in Writing, Reading, and Mathematics and provides each student's national percentile rankings in Reading/Language and Mathematics. In addition, Arizona students in Grades 4 and 8 are given a Science assessment.[34] The chart on the following page shows a complex picture of how each school district in the region performs. For example, Lake Havasu Unified school district reports 41 percent of students falling below the standard in Mathematics but only 15 percent falling below the standard in Writing.

34 Spring 2008 Guide to Test Interpretation, Arizona's Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.

La Paz/Mohave AIMS DPA 3rd Grade Score Achievement Levels in Mathematics, Reading, and Writing

School District	Mathematics				Reading				Writing			
Mohave County	FFB	A	M	E	FFB	A	M	E	FFB	A	M	E
Bullhead City Elementary	52	31	17	0	31	56	13	0	26	43	28	4
Colorado City Unified	---	---	---	---	---	---	---	---	---	---	---	---
Hackberry	---	---	---	---	---	---	---	---	---	---	---	---
Kingman Unified	35	20	40	5	26	58	16	0	15	35	50	0
Lake Havasu Unified	41	41	19	0	33	44	22	0	15	30	56	0
Littlefield Unified	24	24	52	0	14	57	29	0	10	14	71	5
Mohave Valley Elementary	21	47	32	0	11	58	32	0	16	21	53	11
Peach Springs Unified	39	50	11	0	17	78	6	0	22	22	56	0
Topock Elementary	---	---	---	---	---	---	---	---	---	---	---	---
La Paz County												
Parker Unified	17	17	67	0	8	75	17	0	8	50	42	0
Wenden Elementary	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Arizona Department of Education AIMS Spring 2007 Grade 03 Summary
NA is used when data have not been published to protect student privacy in districts in which fewer than 10 students took the exam. Dashes indicate data are not provided for the school in the AIMS Spring 2007 Grade 03 Summary.
FFB = Falls Far Below the Standard, A = Approaches the Standard, M = Meets the Standard, and E = Exceeds the Standard

Secondary Education

The completion of high school is a critical juncture in a young adult's life. Students who stay in school and take challenging coursework tend to continue their education, stay out of jail, and earn significantly higher wages than their non-graduating counterparts.[35] As the chart on schools in the La Paz/Mohave Region show, high school graduation rates vary by school district and year of graduation. Furthermore, graduation rates are likely to vary according to race and gender. The tables below indicate that in 2007, Lake Havasu City, Colorado Union and Colorado City school districts have graduation rates above the state average, but Bicentennial, Littlefield, Kingman and Parker school districts had graduation rates below the state average.

High School Graduation Rates* 2006

La Paz/Mohave HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Bicentennial Unified (N=1)	27	44	61%
Colorado City Unified (N=1)	12	14	86%
Colorado River Union (N=2)	379	504	75%
Kingman Unified (N=1)	424	671	53%
Lake Havasu Unified (N=1)	310	420	74%
Littlefield Unified (N=1)	19	30	63%
Parker Unified (N=2)	129	191	68%
Peach Springs Unified (N=1)	2	50	4%
Arizona**	50,355	71,691	70%
United States***	N/A	N/A	N/A

35 Sigelman, C. K., & Rider, E. A., *Life-span development, 2003, Pacific Grove, CA: Wadsworth.*

2005

La Paz/Mohave HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Bicentennial Union (N=1)	21	29	72%
Colorado City Unified (N=1)	16	22	73%
Colorado River Union (N=2)	782	966	81%
Kingman Unified (N=1)	482	720	67%
Lake Havasu Unified (N=1)	366	448	82%
Littlefield Unified (N=1)	N/A	N/A	N/A
Parker Unified (N=2)	113	170	66%
Peach Springs Unified (N=1)	3	15	20%
Arizona**	50,355	71,691	70%
United States***	N/A	N/A	N/A

2004

La Paz/Mohave H.S. Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Bicentennial Union (N=1)	36	45	80%
Colorado City Unified (N=1)	42	19	47%
Colorado River Union (N=2)	372	488	76%
Kingman Unified (N=1)	361	551	66%
Lake Havasu Unified (N=1)	313	390	80%
Littlefield Unified (N=1)	N/A	N/A	N/A
Parker Unified (N=2)	119	168	71%
Peach Springs Unified (N=1)	21	29	72%
Arizona**	50,355	71,691	70%
United States***	N/A	N/A	N/A

*Rates not available for every district in the region.

** Arizona Department of Education

*** National Center for Education Statistics

Current Early Childhood Development and Health System

Quality Early Childhood Education

States have been increasingly concerned about creating high quality early care and education for many reasons. The need for quality child care is growing. Today, a majority of children ages birth to six years of age participate in regular, nonparent childcare. Thirty-four percent participate in some type of center-based program.[36] In addition, research on the positive effects of early education has led to increased emphasis on quality early education. Research has found that high quality child care can be associated with many positive outcomes including language development and cognitive school readiness.[37] [38]

Licensure

Licensure or regulation by the Departments of Economic Security or Health Services ensures completion of background checks of all staff of child care providers and attainment of first aid and CPR training. Additionally, periodic inspections and monitoring ensure that facilities conform to basic safety standards. While licensure and regulation are a critical foundation for the provision of quality care for young children, these processes do not fully address curricula, interaction of staff with children, processes for identification of early developmental delays, or professional development of staff beyond minimal requirements.

Accredited Early Care and Education Programs

Currently there is no commonly agreed upon or published set of indicators of quality for Early Care and Education in Arizona. One of the tasks of First Things First will be to develop a Quality Improvement and Rating System (QIRS) with these common indicators of quality. Until this Rating System is available statewide, this report presents for the La Paz and Mohave Regional Partnership Council an initial snapshot of quality in the Region through the nationally accredited organizations approved by the Arizona State Board of Education. These include:

- Association Montessori International/USA (AMI)
- American Montessori Society (AMS)
- Association of Christian Schools International (ACSI)
- National Accreditation Commission for Early Care and Education (NAC)
- National Association for the Education of Young Children (NAEYC)
- National Early Childhood Program Accreditation (NECPA)
- National Association for Family Child Care

36 Federal interagency forum on child and family statistics. *America's children: Key national indicators of well-being, 2002.* Washington DC.

37 NICHD Early Child Care Research Network, The relation of child care to cognitive and language development, *Child Development,2000, 71,* 960-980.

38 Pence, A. R., & Goelman, H. The relationship of regulation, training, and motivation to quality care in family day care. *Child and Youth Care Forum, 20*, 1991, 83-101.

The tables below present the number of accredited early care and education centers, and the number of children served in these accredited centers, along with an overview of staff to student ratios. In the La Paz and Mohave region, 18 programs have earned one of the accreditations listed above. Of the 15 NAEYC accredited programs, nine are Head Start sites. Two preschools in Kingman have completed NAC accreditation. One of two fully accredited Montessori Schools (AMS), The Montessori School House, is located in Bullhead City.

Number of Accredited Early Care and Education Centers and Head Start Sites

	AMI/AMS	ACSI	NAC	NAEYC	NECPA	NAFCC Homes
Number of Accredited Centers	1	0	2	15 (9 Head Start)	0	0

Sources: NAEYC, AMI, AMS, ACSI MAC NECPA NAFCC lists of accredited providers.
AMI Recognition Schools List *http://www.montessori-ami.org/amiusa/schools.lasso*
AMS Accredited Montessori Schools List *http://www.amshq.org/schoolExtras/accredited.htm*
ADHS Licensed Child Care List *http://www.azdhs.gov/als/childcare/*
ACSI Schools and Accredited Schools *http://www.acsi.org/web2003/default.aspx?ID=1630&*
NAC Accredited Centers *http://www.naccp.org/displaycommon.cfm?an=1&subarticlenbr=78*
http://www.naeyc.org/academy/search/Search_Result.asp
NAFCC Accr. Providers *http://nafcc.fmdatabase.com/fmi/iwp/cgi?-db=accreditationsearch.fp7&-loadframes*
NECPA *http://www.necpa.net/AcreditedPrograms.htm*
*Source: Arizona Department of Health Services. List of Licensed Child Care Centers

For every accrediting body, including those on the Arizona State Board of Education approved list, ratios of staff to child are a major indicator of quality. Quality ratios differ with the age of the child. Adult to child ratios for La Paz and Mohave child care centers were not available for this report; but the National Association for the Education of Young Children (NAEYC) staff to child ratio recommendations are presented below as an example.[39]

NAEYC Staff to Child Ratio Recommendations	Group Size									
	6	8	10	12	14	16	18	20	22	24
Infants (0-15 months)	1:3	1:4								
Toddlers (12-28 months)	1:3	1:4	1:4	1:4						
Toddlers (21-36 months)		1:4	1:5	1:6						
Pre-school (2.5 to 3 years)				1:6	1:7	1:8	1:9			
Pre-school (4 years)						1:8	1:9	1:10		
Pre-school (5 years)								1:10	1:11	1:12

Source: NAEYC Accreditation Criteria

Access to Early Childhood Education

Family demand and access to early care and education is a complex issue. Availability and access are influenced by, but not limited to factors such as: number of early care and education centers or homes that have the capacity to accommodate young

39 NAEYC standards here are used to provide a context for high standards. It is not presumed that all centers should become NAEYC accredited

learners; time that families have to wait for an available opening (waiting lists); ease of transportation to the care facility; and the cost of the care. Data related to waiting lists in the region is not currently available but will be a goal for future data acquisition. For the current report, available data include: number of early care and education programs by type; number of children enrolled in early care and education by type; and average cost of early care and education to families by type.

The Department of Economic Security's (DES) 2006 Child Care Market Rate Survey provides information on a range of child care settings, including licensed centers that provide fee-paying child care, Head Start programs with fee-paying wraparound care, district programs with fee-paying wraparound care, small group homes, family child care providers certified by the Department of Economic Security (DES) and those approved by agencies for the Child and Adult Care Food Program (CACFP), as well as otherwise unregulated providers who register to be listed with the resource and referral agency as available child care. This source is particularly useful for understanding approved and unregulated family child care.

According to the Department of Economic Security, La Paz/Mohave Region's fee-paying child care facilities include 28 licensed centers, 14 small group homes, and 19 approved family child care homes.

Number of Early Care and Education Programs by Type in La Paz and Mohave*

Licensed Centers	Small Group Homes	Approved Family Child Care Homes	Providers registered with the Child Care Resource and Referral
28	14	19	0

Source: Department of Economic Security Child Care Market Rate Survey 2006 *Licensed centers include only DHS licensed program providing fee-paying child care: full-day and part-day child care programs, Head Start centers with wraparound child care programs, and school district fee-based part-and full-day fee-paying care only. DHS licensed small group homes have a 10 child maximum; DES certified family child care homes, homes approved for the child care food program, and CCR&R registered homes have a 4 child maximum.

The Department of Health Services (DHS) also provides a recent look at licensed facilities. DHS reports having licensed 69 programs in this region. These include 9 Head Start Centers, 11 district elementary school programs, 37 preschools and child care centers and 14 small group homes.

Department of Health Services Licensed Child Care Facilities in La Paz/Mohave

Total	Preschools and Centers	Head Start sites	District school-based programs	Small group homes
69	37	9	11	14

Source: Arizona Department of Health Services, list of Licensed Child care Facilities 2008

Number of Children Enrolled in Early Care and Education Programs

The table on the following page presents the number of children enrolled in fee –paying child care programs by type in the La Paz/Mohave Region. These numbers do not account for children cared for in Head Start, district preschool programs or other programs that are free to eligible families. It also does not include unregulated care, care by kin, or people who need care but do not have access to it.

Number of Children Enrolled in Early Care and Education Programs by Type

	Licensed Centers	Groups Homes	Approved Family Child Care Homes	Providers Registered with the Child Care Resource and Referral	Total
Approved capacity	1829	162	98	No data	2089
Average number served	1389	14	95	14	1675

Source: DES Child Care Market Rate Survey 2006
*Capacity refers to the total capacity of a physical site and does not necessarily reflect the size of the actual program in that site.

With an estimated 15,500 children ages birth through five in the region, growth in that population of 45 percent between 2000 and 2006, and only 1,675 children in fee-paying child care, it appears the majority of care for families takes place in informal or unregulated settings. It also appears families may not be able to access existing early care and education programs.

Costs of Care

The cost of child care can be a considerable burden for Arizona families. Yearly fees for child care in the state of Arizona range from almost $8,000 for an infant in a licensed center to about $5,900 for before and after school care in a family child care home. This represents about 12 percent of the median family income of an Arizona married couple with children under 18. It represents 22-30 percent of the median income of a single parent female headed family in Arizona.

Child Care Costs and Family Incomes	AZ	U.S.
Average, annual fees paid for full-time center care for an infant	$7,974	$4,542-$14,591
Average, annual fees paid for full-time center care for 4-year-old	$6,390	$3,380-$10,787
Average, annual fees paid for full-time care for an infant in a family child-care home	$6,249	$3,900-$9,630
Average, annual fees paid for full-time care for a 4-year-old in a family child-care home	$6,046	$3,380-$9,164
Average, annual fees paid for before and after school care for a school-age child in a center	$6,240	$2,500-$8,600
Average, annual fees paid for before and after school care for a school-age child in a family child care home	$5,884	$2,080-$7,648
Median annual family income of married-couple families with children under 18	$66,624	$72,948
Cost of full-time care for an infant in a center, as percent of median income for married-couple families with children under 18	12%	7.5%-16.9%
Median annual family income of single parent (female headed) families with children under 18	$26,201	$23,008
Cost of full-time care for an infant in a center, as percent of median income for single parent (female headed) families with children under 18	30%	25%-57%

Source: Naccrra fact sheet: 20008 Child Care in the State of Arizona. *http://www.naccrra.org/randd/data/docs/AZ.pdf*

The table below presents the average cost for families, by type, of child care and early education in La Paz and Mohave Counties in 2006. These data were collected in the Department of Economic Security's Market Rate Survey, by making phone calls to care providers asking for the average charge for care for different ages of children. In general, it can be noted that care is more expensive for younger children. Infant care is more costly because ratios of staff to children should be lower for very young children. By understanding these costs, we begin to see how family choices in early care are determined not only by quality, but also by financial concerns.

Costs of Early Care and Education in La Paz/Mohave Counties

Setting Type & Age Group	La Paz/Mohave Counties (2006)
Group Homes	
• Infant	$20.17 per day
• Toddler	$19.61 per day
• Preschooler	$19.61 per day
Licensed Centers	
• Infant	$22.83 per day
• Toddler	$20.79 per day
• Preschooler	$19.61 per day
Certified Homes	
• Infant	$20.92 per day
• Toddler	$21.54 per day
• Preschooler	$21.15 per day
Alternately Approved Homes	
• Infant	$21.20 per day
• Toddler	$19.20 per day
• Preschooler	$19.20 per day

Source: 2006 DES Market Rate Study.

Health

Children's good health is an essential element that is integrally related to their learning, social adjustment, and safety. Healthy children are ready to engage in the developmental tasks of early childhood and to achieve the physical, mental, intellectual, social and emotional well being necessary for them to succeed when they reach school age. Children's healthy development benefits from access to preventive, primary, and comprehensive health services that include screening and early identification for developmental milestones, vision, hearing, oral health, nutrition and exercise, and social-emotional health. Previous sections of this report presented data on prenatal care, health insurance coverage, immunizations, and oral health for the La Paz-Mohave Region. This section focuses on developmental screening.

Developmental Screening

Early identification of developmental or health delays is crucial to ensuring children's optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics recommends that all children receive a developmental screening at nine, 18, and 24 months with a valid and reliable screening instrument. Providing special needs children with supports and services early in life leads to better health, better outcomes in school, and opportunities for success and self-sufficiency into adulthood. Research

has also documented that early identification of and early intervention with children who have special needs can lead to enhance developmental outcomes and reduced developmental problems.[40] For example, children with autism, identified early and enrolled in early intervention programs, show significant improvements in their language, cognitive, social, and motor skills, as well as future educational placement.[41]

Parents' access to services is a significant issue, as parents may experience barriers to obtaining referrals for children with special needs. This can be an issue if, for example, an early child care provider cannot identify children with special needs correctly.[42]

While recommended, all Arizona children are not routinely screened for developmental delays although nearly half of parents nationally have concerns about their young child's behavior (48 percent), speech (45 percent), or social development (42 percent).[43] Children that need neonatal intensive care are most likely to be screened. These babies are all referred for screening and families receive follow-up services through Arizona's High Risk Perinatal Program administered by county Health Departments.

Every state is required to have a system in place to find and refer children with developmental delays to intervention and treatment services. The federal Individuals with Disabilities Education Act (IDEA) governs how states and public agencies provide early intervention, special education, and related services. Infants and toddlers with disabilities (birth to age three) and their families receive early intervention services under IDEA Part C. Children and youth (ages three to 21) receive special education and related services under IDEA Part B.

In Arizona, the system that serves infants and toddlers is the Arizona Early Intervention Program (AzEIP). Eligible children have not reached fifty percent of the developmental milestones expected at their chronological age in one or more of the following areas of childhood development: physical, cognitive, language/communication, social/emotional, and adaptive self-help. Identifying the number of children who are currently being served through an early intervention or special education system indicates what portion of the population is determined to be in need of special services (such as speech or physical therapy). Comparing that number to other states with similar eligibility criteria provides a basis for understanding how effective the early screening process is. This is the first task in knowing whether or not a community's early intervention process, including screening, is working well.

When conducted effectively, screening activities assist in identifying children who may be outside the range of typical development. Based on screening results, a child may be further referred for an evaluation to determine eligibility for services. Accurate identification through appropriate screening most often leads to a referral of a child who then qualifies to receive early intervention or special education services. One consideration of the effectiveness of screening activities is the percent of children deemed eligible compared to the total number of children referred. The higher the percent of

40 Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). *Early intervention for children with special needs and their families: Findings and recommendations.* 1981, Westat Series Paper 11, University of Washington; Maisto, A. A., German, M. L. Variables related to progress in a parent-infant training program for high-risk infants. 1979, *Journal of Pediatric Psychology, 4*, 409-419.; Zeanah, C. H. *Handbook of infant mental health,* 2000, New York: The Guildford Press.

41 National Research Council, Committee on Educational Interventions for Children with Autism, Division of Behavioral and Social Sciences and Education. Educating children with autism. Washington, DC: National Academy Press; 2001.

42 Hendrickson, S., Baldwin, J. H., & Allred, K. W. Factors perceived by mothers as preventing families from obtaining early intervention services for their children with special needs, *Children's Health Care, 2000, 29,* 1-17.

43 Inkelas,M., Regalado,M., Halfon, N. Strategies for Integrating Developmental Services and Promoting Medical Homes. Building State Early Childhood Comprehensive Systems Series, No. 10. National Center for Infant and Early Childhood Health Policy. July 2005.

children eligible, the more accurate and appropriate the referral. Effective screening activities are critical to assuring accuracy related to appropriate referrals.

The following chart shows the number of AzEIP screenings for children birth-12 months and for children 13-36 months for La Paz and Mohave counties.

Children Birth to Three Years Receiving Developmental Screenings in La Paz/Mohave

Service Received According to Age	2005	2006
AzEIP Screening 0-12 months	11 (0.45%)	15 (0.57%)
AzEIP Screening 13-36 months	119 (1.62%)	129 (1.58%)

Source: Arizona Early Intervention Program, Arizona Department of Health Services

Arizona Early Intervention Program (AzEIP) Results for 2006 Indicate That

- 23 percent of the 33 children (birth to 2 ½) in La Paz County who were referred for services were actually determined eligible.
- 32 percent of 193 children (birth to 2 ½) in Mohave County who were referred for services were actually determined eligible.

There are many challenges for Arizona's early intervention program in being able to reach and serve children and parents. Speech, Physical, and Occupational Therapists are in short supply in the region. Families and health care providers are frustrated by the tangle of procedures required by both private insurers and the public system. These problems will require the combined efforts of state and regional stakeholders to arrive at appropriate solutions.

Insurance Coverage

Insured children are more likely than uninsured children to receive medical care. While the number of children with insurance coverage in the region could not be determined for this report, the high number of children without access to medical care or well child visits would suggest that insurance coverage is limited.

Percent of Children (birth-17) Not Receiving Any Medical Care, 2003

	Insured All Year		Uninsured All or Part of the Year	
	Percent not receiving medical care	Number not receiving medical care	Percent not receiving medical care	Number not receiving medical care
Arizona	14.8	171,303	38.1	134,259
US	12.3	7,635,605	25.6	2,787,711

Source: Robert Wood Johnson Foundation. Protecting America's Future: A State-By-State Look at SCHIP and Uninsured Kids, August 2007.

Immunizations

Immunization of young children is known to be one of the most cost-effective health services available and is essential to prevent early childhood diseases and protect children from life threatening diseases and disability. A Healthy People 2010 goal for the U.S. is to reach and sustain full immunization of 90 percent of two-year-old children.

Although recent data was unavailable for this report, data from 2003 suggest that the La Paz/Mohave Region varies in immunizations of two-year olds when compared to the state and nation. In 2003, cities such as Lake Havasu City and Parker reported that over 90 percent of their two-year olds were immunized, while Bullhead City had less than 50 percent of this population immunized in the same year.

Percent of Immunized Two-Year-Olds

La Paz/Mohave RPC	2003
Bullhead City	46.4
Colorado City	64.4
Kingman	73.7
Lake Havasu City	90.0
Parker	90.0
Quartzite	69.9
La Paz County	44.1
Mohave County	60.1
Arizona	79.8
US	80.3

Source: ADHS Community Health Profiles, 2003

While additional study is needed to better understand this large spread, it may be attributed to the highly active Immunization program at the La Paz County Public Health Department. A 2005 - 2006 County Prenatal Block Grant Annual report highlighted the Welcome Baby Basket Immunization Program in Parker as a creative and highly successful home visiting program targeted toward infants 1 year and under. Free immunizations offered at various sites in Parker and promoted through the public library most likely also contribute to these high rates.

Family Support

Family support is a foundation for enhancing children's positive social and emotional development. Children who experience sensitive, responsive care from a parent perform better academically and emotionally. Beyond the basics of care and parenting skills, children benefit from positive interactions with their parents (e.g. physical touch, early reading experiences, and verbal and visual communications). Children depend on their parents to ensure they live in safe and stimulating environments where they can explore and learn.

Many research studies have examined the relationship between parent-child interactions, family support, and parenting skills.[44] Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.[45] Strategies for promoting enhanced development often

44 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. *Children and Youth Services Review, 1994, 17*, 251-276; Hair, E., C., Cochran, S. W., & Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium.* Washington DC, Child Trends; Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, *Annual Review of Psychology, 51*, 1-27.

45 Baumrind, D. Parenting styles and adolescent development. In J. Brooks-Gunn, R., Lerner, & A. C. Peterson (Eds.), *The encyclopedia of adolescence* (pp. 749-758). New York: Garland; Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, *Annual Review of Psychology, 51*, 1-27.

stress parent-child attachment, especially in infancy and parenting skills.[46] Parenting behaviors have been shown to impact language stimulation, cognitive stimulation, and promotion of play behaviors—all of which enhance child well being.[47] Parent-child relationships that are secure and emotionally close have been found to promote children's social competence, pro-social behaviors, and empathic communication.[48]

Supporting families is a unique challenge that demands collaboration between parents, service providers, educators and policy makers to promote the health and well being of young children. Family support is a holistic approach to improving young children's health and well-being. In addition to licensed child care providers, preschool programs, food programs, and recreational programs available to families, many families build their web of social support by participating in informal networks of people and associations, such as mom's clubs and play groups.

When asked, child care professionals continually report that families need more and better information around quality childhood.[49] In the La Paz/Mohave Region, there are an array of efforts, initiatives and programs providing information, education and support to families. For example, there are statewide programs such as Healthy Families Arizona in Bullhead City, Kingman and Lake Havasu, Promoting Safe and Stable Families and Head Start Parent Groups in many communities, as well as parenting classes that provide information and resources on early childhood health and development.

Yet lack of awareness of existing resources can deteriorate existent services. Results from a small number (n=4) of key informant interviews with service providers indicated a sense of frustration with the shortage in class attendance. Informants indicated class attendance was minimal and sporadic and usually the result of court orders. Parent survey results from the Wenden School District in the 2006/07 and 2007/08 school years revealed that at least half of respondents had an interest in taking parenting classes and other courses that would help their families. This indicates a need for building greater awareness around existing services and collaboration between service providers to promote programs and services that support families.

What is seemingly most successful in supporting parents are educational efforts offered through programs that work one-on-one with families (e.g. WIC, Healthy Families, and Maternal Child Health). The Maternal Child Health Program Baskets for Babies home visiting program in La Paz County showed a 95 percent increase in demonstrated knowledge regarding pregnancy and prenatal care, nutrition, safety, child development and folic acid information; and a 92 percent increase in knowledge of car seat safety. Similarly, follow-up testing on folic acid knowledge in Mohave County showed a 97 percent increase.

A recent 2007-2008 WACOG Head Start Community Assessment Update Report

46 Sroufe, L. A. *Emotional development: The organization of emotional life in the early years.* Cambridge: Cambridge University Press; Tronick, E. Emotions and emotional communication in infants, 1989, *American Psychologist, 44*, 112-119.

47 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. *Children and Youth Services Review, 1994, 17*, 251-276; Snow, C. W., Barnes, W. S., Chandler, J., Goodman, I. F., & Hemphill, J., *Unfulfilled expectations: Home and school influences on literacy.* Cambridge, MA: Harvard University Press.

48 ; Hair, E., C., Cochran, S. W., & Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium.* Washington DC, Child Trends; Sroufe, L. A. *Emotional development: The organization of emotional life in the early years.* Cambridge: Cambridge University Press; Tronick, E. Emotions and emotional communication in infants, 1989, *American Psychologist, 44*, 112-119.

49 Whitebook, M., Howes, C., & Phillips, D. *Who cares? Child care teachers and the quality of care in America, 1989,* Oakland, CA: Child Care Employee Project.

provides valuable insight into the issues that most concern 180 parents representing both La Paz and Mohave Counties. When asked to identify priority issues in four categories: Education, Health, Mental Health/Social, and Community Concerns, parents across both counties showed consistency in their responses:

Education

- Parent involvement in schools
- Quality of education
- Reading to children

Health

- Children's immunizations
- Cost of health care and insurance
- Quality of health care

Mental Health/Social

- Family and job stress
- Alcohol and substance abuse
- Domestic violence and child sexual, physical and emotional abuse
- Depression

Community

- Affordable after-school programs
- Affordable quality child care
- Jobs/access to job training

Family Literacy and Reading to Children

The Mohave Desert Early Reading First Coalition has established an evidence-based literacy program in the region designed to improve the school readiness of 260 culturally diverse children in Bullhead City, Mohave Valley, as well as the Fort Mohave Indian Tribe. Coalition partners include Arizona State University, Bullhead City School District, Mohave Valley School District, Southwest Institute for Families, and Western Arizona Council of Governments. The Director of Special Services for the Bullhead City Elementary School District serves as Project Director. While the program is focused on increasing literacy in preschool children, it also works to involve parents and guardians in their children's reading – two of the priority issues identified in the Head Start survey. Parents are encouraged to attend literacy nights where they are given books to take home. They are also encouraged to increase shared reading with their children, and provided reading-at-home activities.

Other efforts at promoting family literacy in the region include "Books for Babies" – a program at the local hospitals that provides each parent of a newborn

with a take-home book – sponsored by the Gold River Reading Council. A search of library Web sites showed offerings as "Preschool Story Time" at the Lake Havasu Library as well as Parent Links to Children's Literature Resources. Both the Parker Public Library and the Mohave County Public library in Lake Havasu offer a Bookmobile service which serves families in smaller communities throughout La Paz and Mohave Counties. There are ten public libraries in Mohave County and five in La Paz County, including the Colorado River Indian Tribes Public Library.

Professional Development

Professionals providing early childhood services can improve their knowledge and skills through professional education and certification. This training can include developmental theory, as well as practical skills in areas such as child health, child safety, parent/child relationships, and professional child care service delivery. The professional capacity of the early childhood workforce and the resources available to support it affect the development of the region's young children.

Child Care Professionals' Certification and Education

Research on caregiver training has found a relationship between the quality of child care provided and child development outcomes.[50] Furthermore, formal training is related to increased quality care, however, experience without formal training has not been found to be related to quality care.[51]

A concern of the La Paz/Mohave Regional Partnership Council, and for many other areas around the state, is the preparation of its early childhood and elementary school teachers. Professional training and credentialing of professionals appears to be lacking in the region.

The table below indicates that teachers in the La Paz/Mohave Region are more likely to have obtained a degree than teacher assistants. In the La Paz/Mohave Region, 68 percent of teachers and 89 percent of assistant teachers have no degree. This is a higher percentage of teachers without degrees than the state level and is considerably higher than the national level. Requirements for educational background differ from center to center and agency to agency. For example, centers associated with Head Start and the Arizona Department of Education require higher levels of educational attainment of their staff. However, these programs are not accessible to all children due to income eligibility requirements.

Current research presents a compelling case for the relationship between teacher education level and the quality of educational experiences for young children. While a bachelor's or master's degree does not guarantee that a given early childhood teacher is highly qualified, it does set a standard for excellence in early childhood teacher preparation. This rigorous teacher preparation is the foundation for ensuring that children receive quality experiences which lead to their optimal development.

50 NICHD Early Child Care Research Network. The relation of child care to cognitive and language development, 2000, *Child Development, 71*, 960-980.

51 Galinsky, E. C., Howes, S., & Shinn, M. *The study of children in family care and relative care.* 1994, New York: Families and Work Institute; Kagan, S. L., & Newton, J. W. Public policy report: For-profit and non-profit child care: Similarities and differences. *Young Children,* 1989, *45*, 4-10; Whitebook, M., Howes, C., & Phillips, D. *Who cares? Child care teachers and the quality of care in America, 1989,* Oakland, CA: Child Care Employee Project.

Child Care Professionals' Educational Background

Degree Type	La Paz/Mohave 2007		Arizona* 2007	
	Teachers	Assistants	Teachers	Assistants
No degree	68%	89%	61%	82%
CDA	17%	4%	9%	7%
Associate	11%	1%	15%	8%
Bachelors	17%	<1%	19%	7%
Masters	4%	<1%	6%	<1%

Source: Compensation and Credentials report, Center for the Child Care Workforce – Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population report, 2002.
* Arizona figures were determined by using the statewide average from the Compensation and Credentials report.

Access to Professional Development Opportunities

Access to professional development opportunities in the region is severely limited, primarily due to the region's large geography. Mohave Community College and its satellite sites offer associate degrees with emphasis in Early Childhood Education and Arizona Western College in Yuma operates distance learning programs in La Paz County that offer a Certificate in Early Childhood Education and a Child Development Associate. In addition, multiple organizations and individuals offer workshops designed to increase early child development knowledge, skills, and classroom practices. Many of these are registered with Association for Supportive Child Care and promoted through the State Child Care and Early Education Development System (S*CCEEDS) Web site and newsletter. However, due to the large distance between communities, child care professionals frequently have difficulty accessing training and it is especially difficult to access the required coursework necessary to complete a degree.

Available Education and Certification Programs for Child Care Professionals:

School	Degree/Certificates
Arizona Western College in Yuma	Child Development Associate Certificate in Early Childhood Education
Mohave Community College	Associate of Arts in Early Childhood Care & Education Associate of Applied Science in Early Childhood Care & Education
Northern Arizona University	Bachelor's of Applied Science in Early Childhood Education (online) Master's of Education in Early Childhood Education (online)
University of Phoenix	Certificate in Early Childhood Education (online) Associate of Arts in Elementary Education and Paraprofessional Education

These colleges and universities are a tremendous asset in the region; however it appears the available coursework does not meet the needs of our early childhood workforce. Child care providers who participated in the recent written survey conducted at the July 2008 "Saddle Up for Child Care" Conference, sponsored by the Department of Economic Security (DES) and the Association for Supportive Child Care (ASCC), were asked, "What other services or resources do you need to do your job well and stay in the field?" Thirty percent (38 out of 123) indicated a need for college coursework and opportunities for professional development at more convenient times and locations.

Employee Retention

Providing families with high quality child care is an important goal for promoting school readiness. Research has shown that child care providers that have and can retain more qualified staff achieve more positive outcomes for children.[52] More specifically, research has shown that child care providers with more job stability are more attentive to children and promote more child engagement in activities.[53]

As the chart below illustrates teacher retention is very high in the La Paz/Mohave Region with most staff reporting five or more years of experience working at the same site. The assistant teacher positions had some variation with 41 percent reporting one year or less and 32 percent reporting 2-3 years of employment in the same child care site.

Average Length of Employment for Child Care Professionals in La Paz/Mohave (2007)

	6 Months or Less	7-11 Months	One Year	Two Years	Three Years	Four Years	Five Years or More	Not applicable	"Don't Know/ Refused"
Teachers	0%	0%	11%	33%	11%	0%	33%	11%	0%
Assistant Teachers	9%	9%	23%	18%	14%	2%	9%	16%	0%
Teacher Directors	0%	7%	7%	2%	5%	5%	52%	18%	5%
Administrative Directors	11%	0%	11%	0%	0%	0%	22%	56%	0%

Source: Compensation and Credentials Survey

Compensation and Benefits

Higher compensation and benefits have been associated with quality child care. Research studies have found that in family care and in child care centers, staff salaries are related to higher quality child care.[54] Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality child care.[55] Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.[56]

As the chart below shows, small salary increases have been implemented from 2004 to 2007 in the La Paz/Mohave Region. For example, teacher salaries increased by 25 percent in the last three years, while teacher assistants saw an almost 20 percent increase in their salaries during the same time period.

52 Raikes, H. Relationsip duration in infant care: Time with a high ability teacher and infant-teacher attachment. 1993, *Early Childhood Research Quarterly, 8,* 309-325.

53 Stremmel, A., Benson, M., & Powell, D. Communication, satisfaction, and emotional exhaustion among child care center staff: Directors, teachers, and assistant teachers, 1993, *Early Childhood Research Quarterly, 8*, 221-233; Whitbook, M., Sakai, L., Gerber, E., & Howes, C. *Then and now: Changes in child care staffing, 1994-2000.* Washington DC: Center for Child Care Workforce.

54 Lamb, M. E. Nonparental chld care: Context, quality, correlates. In W. Damon, I. E. Sigel, & K. A. Renninger (Eds.), *Handbook of Child Psychology*(5th ed.), 1998, pp. 73-134. New York: Wiley & Sons; National Research Council and Institute of Medicine. *From neurons to neighborhoods: The science of earch childhood development.* Washington DC: National Academy Press.

55 Schorr, Lisbeth B. Pathway to Children Ready for School and Succeeding at Third Grade. Project on Effective Interventions at Harvard University, June 2007.

56 Ibid.

Average Wages and Benefits for Child Care Professionals in La Paz/Mohave

	2004	2007
Teacher	$8.72	$10.93
Assistant Teacher	$7.00	$8.22
Teacher/ Director	$11.53	$14.47
Admin/ Director	$15.21	N/A

Sources: 2004 and 2007 data is from the Compensation and Credentials Survey

Public Information and Awareness

Public interest in early childhood is growing. Recent research in early childhood development has increased families' attention on the lasting impact that children's environments have on their development. The passage of Proposition 203 – First Things First – in November 2006, as well as previous efforts lead by United Way, the Arizona Community Foundation, and the Arizona Early Education Funds (AEEF), have elevated early childhood issues to a new level in our state.

Increasingly, families and caregivers are seeking information on how best to care for young children. National studies suggest that more than half of American parents of young children do not receive guidance about important developmental topics, and want more information on how to help their child learn, behave appropriately, and be ready for school. Many of the most vulnerable families are even less likely to receive appropriate information.[57]

Families and caregivers also seek information on how families can connect with and navigate the myriad of public and private programs that exist in their communities that offer services and support to young children and their families. Few connections exist between such public and private resources, and information that is available on how to access various services and supports can be confusing or intimidating.

Information provided to families needs to be understandable, culturally and geographically relevant and easily accessible. Efforts to provide information to parents and caregivers should build off of and connect to existing avenues of communication wherever possible in order to be most effective.

In the La Paz/Mohave Region, many organizations currently play a role in providing information on child development and family resources and supports to families. Across each community in Arizona, the following resources provide important early childhood services:

- **Association for Supportive Child Care (ASCC)** - This statewide organization provides training opportunities and resources for parents and child care providers in topics that include early childhood brain development, nutrition, safety, and appropriate discipline. ASCC also helps families find child care that meets their needs and provides a number of outreach programs for families.
- **Community Organizations –** Provide education, social services, and other forms of assistance related to early childhood. Each community has unique agencies that foster the goals of promoting early childhood development.

57 Halfon, Nel, et al. "Building Bridges: A Comprehensive System for Healthy Development and School Readiness." National Center for Infant and early Childhood Health Policy, January 2004.

- **Head Start –** The La Paz/Mohave Region has nine Head Start Centers that inform low-income families about issues related to child growth and development as well as school readiness, parent involvement, children's health, and available community social services.
- **Public Libraries –** Offer workshops to families on how to raise young readers. Many offer story times for young children and their caregivers, where best practices in early literacy are modeled. The libraries may also conduct outreach story times at a limited number of child care centers in the region where they also train child care providers and families on best practices in early literacy.
- **School Districts –** Disseminate information to parents and the community at large through a number of events throughout the school year that include open house nights, Parent Teacher Organization meetings, information fairs and parent university weekends. School districts also use federal funding to keep parents aware of important issues such as health care and child nutrition through information campaigns. They also provide information for parents through weekly or monthly newsletters, health bulletins, and Web site updates.
- **United Way –** Partnering with school districts, child care providers, parents, and other community agencies, several United Way organizations provide supports for young children and families, such as the Kids Bright and Healthy program that provides vision and/or dental care, shoes and clothing, transportation and other assistance and special events that raise awareness of early childhood issues like the annual Karnival for Kids.

Public awareness and information efforts also need to go beyond informing parents and caregivers of information needed to raise an individual child or support a family in care giving. Increased public awareness around the needs of children and their families is also needed. Policy leaders need to better understand the link between early childhood efforts and the broader community's future success. Broader public support must be nurtured to build the infrastructure needed to help every Arizona child succeed in school and life. Success in building a comprehensive system of services for young children requires a shift in public perceptions and public will.[58]

System Coordination

Throughout Arizona, programs and services exist that are aimed at helping young children and their families succeed. However, many such programs and services operate in isolation of one another, compromising their optimal effectiveness. A coordinated and efficient systems-level approach to improving early childhood services and programs is needed. System coordination can help communities produce higher quality services and obtain better outcomes. For example, one study found that families who were provided enhanced system coordination benefited more from

58 Clifford, Dean, PhD. Practical Considerations and Strategies in Building Public Will to Support Early Childhood Services.

services than a comparison group that did not receive service coordination.[59] Effective system coordination can promote First Things First's goals and enhance a family's ability to access and use services.

Creating a seamless infrastructure of support for early childhood in the La Paz/Mohave Region requires connecting partners and opportunities for this exist. Partnerships are needed across the spectrum of organizations that touch young children and their families to establish a coordinated service network. Improved coordination of public and private resources and funding could help maximize effective outcomes for young children.

Opportunities to connect services and programs that touch children and families include:

- Early childhood education providers could be better connected to schools in the region.
- Services and programs that help families care for their young children could be better connected to enhance service delivery and efficiency.
- Public programs that help low-income families could be better coordinated so that redundancies as well as "gaps" in services are eliminated.
- Faith-based organizations could increase awareness among families of child development and family resources and services.
- Connections between early education and health providers could be forged.

Coordination and Cohesion of Early Childhood Resources

The Mohave County Children's Action Team (McCAT) is an excellent example of systems coordination in the Region. The Children's Action Team is a partnership with the Juvenile Court and a variety of local agencies to ensure infants and toddlers in foster care in Mohave County are safe, secure, healthy and developmentally on track. A team of cross-discipline service providers work together to increase understanding of systems-wide issues and find solutions. The team consists of Juvenile Court, Child Protective Services (CPS), Mohave Mental Health, Northern Arizona Regional Behavioral Health Association, Catholic Social Services, Northern Arizona Regional Health Association, Foster Parents, the Arizona Early Intervention Program (AzEIP), the Division of Developmental Disabilities (DDD) and the Court Appointed Special Advocates (CASA).

In addition, the Social Services Interagency Council of Lake Havasu City, a network for social services in the area, provides coordination of services relevant to the needs of the community. The Interagency Council contracts with the City of Lake Havasu, Arizona Criminal Justice Commission, The City Attorney, Victims of Crime Act (VOCA), Department of Economic Security (DES), Federal Emergency Management Agency (FEMA), Western Arizona Council of Governments, and the Arizona

59 Gennetian, L. A., & Miller, C. *Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Effects on Children,* 2000, New York: Manpower Demonstration Research Corporation; Miller, C., Knox, V., Gennetian, L. A., Dodoo, M., Hunter, J. A., & Redcross, C. *Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Vol. 1: Effects on Adults*, 2000, New York: Manpower Demonstration Research Corporation.

Department of Health Services and partners with organizations and agencies such as Healthy Families of Arizona, Child Abuse Prevention Council, Arizona's Children Association, and the School District to coordinate and provide a wide range of services to families.

Conclusion

This report is the first biennial assessment of early education and health services in the First Things First La Paz/Mohave Region. The report features indicators relevant in an assessment of early education and health programs, from rates of unemployment and poverty, to health insurance coverage and utilization, to the level of education in the early care workforce. It also specifies the needs and assets available to serve young children and families throughout the region.

Although much of the data presented in this report is derived from county level statistics, it does begin to represent the region. As noted in the report, the La Paz/Mohave region is comprised of various geographically isolated communities, each with its' own unique characteristics. Child and family indicators show significant difference between communities in the region, making it difficult to generalize about the region as a whole.

Existing services for young children and families in the region are frequently concentrated in larger cities and towns. While these resources are tremendous assets, many remote communities have scarce resources and virtually no access to specialized and preventative care. Additionally, awareness of and access to existing services is inconsistent and must continue to be addressed.

There is enormous need in the region to increase access to quality early childhood development, health and education services, including:

- Quality early care and education services
- Quality health care services for young children and families
- Early intervention services such as speech, occupational and physical therapy
- Professional development opportunities for the early childhood workforce
- Family support services such as advocacy, coordination of care, and parent education

In light of the region's large geographic area, progress in these areas will require a coordinated effort to connect and expand existing resources. Improved integration, collaboration and communication of programs, services and resources will lead to significant progress in the years to come.

Appendix

Citations for Resources Used and Extant Data Referenced

AHCCCS enrollment and utilization data excerpts, by county: 2007-08.

American Association of Retired Persons: *http://www.grandfactsheets.org/state_fact_sheets.cfm*

American Community Survey (2003-2007) -U.S. Census: *http://factfinder.census.gov*

American Montessori Society: *www.amshq.org*

Annie E. Casey Foundation Kids Count Data Center *http://www.kidscount.org/datacenter/compare*

Annie E. Casey Foundation. Kids Count. Children in immigrant families: *http://www.kidscount.org/datacenter/profile_results.jsp?r=320&d=1&c=12&p=5&x=135&y=8*

Annie E. Casey Foundation. Family to Family Tools for Rebuilding Foster Care. July 2001.

Annie E. Casey Foundation. Kids Count Indicator Brief: Preventing Teen Births, 2003: *http://www.kidscount.org/datacenter/auxiliary/briefs/teenbirthrateupdated.pdf*

Annual EPSDT Participation Report CMS, 2003.

Arizona Child Fatality Review Board

Arizona Compensation and Credentials Report, 2007.

Arizona Dental Sealant Program data from 2004-2005 school year

Arizona Department of Commerce, Research Administration (June, 2008)

Arizona Early Intervention Program (AzEIP) July 1, 2006 – June 30, 2007 report.

Arizona Child Abuse and Neglect Prevention System: Action Plan for Reform of Arizona's Child Protective Services, 2004.

Arizona Department of Economic Security, Child Care Market Rate Survey 2006.

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Description of Methodologies Employed for Data Collection

The needs and assets assessment commenced on May 1, 2008 and all data were collected by June 30, 2008. For existing data, collection methods included the review of published reports, utilization of available databases, and completion of environmental scans that resulted in asset inventories as well as listings for licensed and accredited child care settings.

Primary data, otherwise defined as newly collected data that did not previously exist, were collected in the most rapid fashion available given the short time horizon in which to complete the assessment. For the La Paz/Mohave Region, this rapid needs and assets assessment approach consisted of consultants working with the Regional Partnership Council to create a survey to collect information on the region's needs and assets at the "Saddle Up for Child Care" Conference and Key Informant Interviews. Results are reported as sums, averages, and percentages as applicable to each question for which survey data were supplied.

Gaps in data capacity infrastructure are evident when looking for evidence of how well young children are doing in Arizona with regard to early childhood health and education efforts. Data were not always available at the regional level of analysis, particularly for the more common social and economic demographic variables that are measured collectively as part of the larger La Paz and Mohave counties overall. In particular, data for children birth through five years were especially difficult to unearth and in many cases indicators are shown that include all children under the age of 18 years, or school age children beginning at age six. Compounding this problem are additional barriers that limit the sharing of data between communities, organizations, and other entities due to concerns over privacy and other obstacles that impede the dissemination of information.

It is important to note that even when data are available for this population of children (birth through five years), or even the adult population of caregivers or professionals, there are multiple manners in which data are collected and indicators are measured, depending on agency perspectives, understanding in the field, and the sources from which data are mined. These indicators, approaches, and methods of data collection also change over time, sometimes even yearly. These inconsistencies can lead to different data representations or interpretations of the numbers presented in this and other reports where data capacity infrastructure efforts are still in their infancy as they are in Arizona and nationally.

FIRST THINGS FIRST

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